

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 13 PM 2:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000023873

1. Corporation Name

Peco Manufacturing, Inc.

2. Principal Office Address

13014 North Dale Mabry Hwy. 28213 Van Dyke

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33618

Country

USA

City & State

Warren, MI

Zip

48093

Country

USA

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

3/7/01

5. FEI Number

31-1759268

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

000023962320

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

10/21/03--01028--016 **\$500.10

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered AgentBrian Courtney
Asst. V. Pres.

Date

10/10/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Garrett Morelock	36400 Woodward, Ste. 224	Bloomfield Hills, MI 48304
V	George Mueller	36400 Woodward, Ste. 224	Bloomfield Hills, MI 48304
S/D	Michael C. Azar	28213 Van Dyke	Warren, MI 48093
D	Christopher L. Morin	28213 Van Dyke	Warren, MI 48093
D	Jay J. Hansen	28213 Van Dyke	Warren, MI 48093

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Michael C. Azar

10/15/03 (586) 751-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #