	PLEA	SE READ	ALL INSTE	RUCTIONS BEFORE	COMPLETI	NG THIS FORM.		
	PORATION STATEMENT		Se	DEPARTMENT OF STATE ecretary of State on of corporations		FILE-C	9:59	
DOCUMENT. # PO 1 0 0 0 0 5 6 7 8 6  1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
. 1	Katkin Inv of Florida		Company		HK .			
2. Principal	Office Address		3. Mailing Off	ice Address	1			
•	Northwestern H	ighway	31500 Northwestern Highway		I REM	istatemen	<b>T</b> \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Suite, Apt. #			Suite, Apt. #, etc.			a		
Suite 250			Suite 250			porated or Qualified ness in Florida		
City & State			City & State			06/07		
Farmington Hills, MI			Farmington Hills, MI		5. FEI Numbe	57123	Applied For Not Applicable	
Zip	Country		Zip	Country	6.	C0 75 .	ditional Fee required	
483	34US.	A	48334	USA	CERTIFICATE		ertificate of Status	
<del></del>			7. Na	me and Address of Current Registe	ered Agent			
	Name Stuart R. Morris, Esq.  Street Address (P.O. Box Number is Not Acceptable) 7000 West Palmetto Park Road  Suite, Apt.*, Etc. Suite 310  City Boca Raton  Street Address (P.O. Box Number is Not Acceptable) 7000 West Palmetto Park Road  D5/06/04-01023-026 **900 00  FL 33433							
8. I. being	<del></del>		over named cornor	ation, am familiar with and accept the	obligations of sections		<del></del>	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Signature of Registered Agent						Date 5-3-04		
			EGISTERED AGE			<del></del>		
9. Names	and Street Addresses		d/or Director (Flor	ida nonprofit corporations must list at	<del></del>	<del>,                                      </del>	<del></del>	
Titles Name of Officers and/or Directors		1	Street Address of Each Officer and/or Director		City / State / Zip			
PST	David Greenbaum			31500 Northwestern Hwy., Suite 250		Farmington Hills, MI 48334		
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this rei	nstatement application, by the corporation have	the reason for dis-	solution has been names of individu	powered to execute this application as eliminated, the corporate name satisfi- als listed on this form do not qualify for the same legal effect as if made un	es the requirements or an exemption und	of section 607.0401 or 617.0401, I	S., that all fees	

David Greenbaum

04/29/2004 248-851-9444

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR