

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000107889

1. Corporation Name

PRESIDION PROPERTIES, INC.

Principal Place of Business

1400 NE MIAMI GARDENS DR
MIAMI FL 33180

Mailing Address

36150 DEGUINDRE
STE 610
STERLING HEIGHTS MI 48310

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2001

5. FEI Number

30-0006652

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VANDERGURG, CRAIG A	1400 NE MIAMI GARDENS DR	MIAMI FL 33180
S	BURCHAM, JOHN W II	1400 NE MIAMI GARDENS DR	MIAMI FL 33180

800024102588
10/27/03--01021--008 **150.00

8. Name and Address of Current Registered Agent

SAVAGE, CRAIG D
801 NE 167 ST, STE 302
N MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Craig D. Savage

REGISTERED AGENT MUST SIGN

Date

10/24/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donavan J. Miller

Date

Daytime Phone #

10/14/03 586-977-7930

CR2E040 (7/03)

PRESIDION PROPERTIES, INC.
36150 DEQUINDRE, STE 610
STERLING HEIGHTS, MI 48310

October 13, 2003

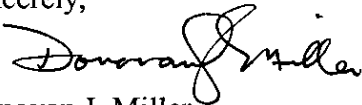
RE: FEI Number 30-0006652, Document # P01000107889

To whom it may concern:

Please find attached the Application For Reinstatement and a check for \$150.00

We have not received the first two notices regarding this matter and therefore are requesting the Reinstatement fee for Presidion Properties, Inc. be waived.

Sincerely,



Donovan J. Miller
Chief Financial Officer
Presidian Properties, Inc.