

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hoód
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -9 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000103085

1. Corporation Name

WSS GROUP, INC.

Principal Place of Business

Mailing Address

2750 PRODUCT DRIVE
ROCHESTER HILLS MI 483092750 PRODUCT DRIVE
ROCHESTER HILLS MI 48309

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

09/24/2002

5. FEI Number

80-0112787

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
PV	BLAKER, LORI MARTIN, LORI	2750 PRODUCT DRIVE	ROCHESTER HILLS MI 48309
S	SANTOS, CHRISTINE MARTIN, LORI	2750 PRODUCT DRIVE	ROCHESTER HILLS MI 48309
T	MILKOVICH, GERALD MARTIN, LORI LAWRY, RAYMOND	2750 PRODUCT DRIVE	ROCHESTER HILLS MI 48309

900039301139
07/19/04 01033-004 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRZEZINSKI, DENISE 848 FIRST AVENUE SUITE 300 NAPLES FL 34102	Name Street Address (P.O. Box Number is Not Acceptable) 3119th ST N E Suite, Apt. #, Etc. 310 City Naples State FL Zip Code 34102
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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
REGISTERED AGENT MUST SIGN

Date

7/6/04

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

Lori A. Martin

Date

7/2/04

Daytime Phone #

Payter & Schwartz, P.C.

Certified Public Accountants

SECRETARY OF STATE
TALLAHASSEE FLORIDA

August 5, 2004

Florida Department of State
Division of Corporations
Annual Report/Uniform Business Report Section
P.O. Box 6327
Tallahassee, FL 32314

RE: WSS Group Inc.
Reference #: P02000103085

To Whom It May Concern:

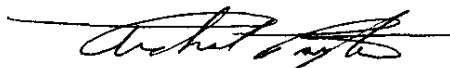
Enclosed please find an application for reinstatement for our client, WSS Group, Inc. This document was previously filed along with the appropriate filing fees for 2003 and 2004, and a request to waive the reinstatement fee.

As stated in the previous filing, the controller, Mr. Milkovich, has terminated employment. Our client has found no record of the annual reports having been received, and therefore we must conclude that they were never received. Accordingly, we hereby ask for an abatement of any reinstatement fees. It is our client's intention to file all appropriate Florida returns on a timely basis.

We would like to thank you in advance for your cooperation in this matter.

Best regards,

PAYTER & SCHWARTZ, P.C.



Richard J. Payter
Certified Public Accountant

RJP/jac
Enclosure

