Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
UNIPROP MANAGEMENT, INC.

Certificate of Status	0
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 09-11

DOCUMENT # P05889

1. Corporation Name
Uniprop Management, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
280 Daines,	280 Daines
Suite, Apt. #, etc. Ste 300	Suite, Apt. #, etc. Ste 300
City & State Birmingham, MI	City & State Birmingham, MI
Zip 48009 Country USA	Zip 48009 Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 5/3/1985

5. FEI Number 381941955 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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 Agent: Rebecca Barth — Assistant Secretary Rebecca Barth — Date: 5/13/11

REGISTERED AGENT MUST SIGN

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
C	Paul M. Zlotoff	280 Daines, Ste 300 Birmingham, MI 48009	→
P	Roger Zlotoff	280 Daines, Ste 300	Birmingham, MI 48009
CFO	Joel Schwartz	"	"
Con	Sue Szeptowski	"	"

10. E-mail Address: tracie@uniprop.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Paul M. Zlotoff — 5/13/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL018 - 01/2011 | CT System Online

5/13/11
DB