

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P17598

1. Corporation Name  
SANFORD HOLDINGS, INC.

FILED

96 DEC -2 AM 8: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
200 E. LONG LAKE 200 E. LONG LAKE  
BLOOMFIELD HILLS MI 48304 BLOOMFIELD HILLS MI 48304  
US US



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

REINSTATEMENT *elo*

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 of Incorporation or Qualification To Do Business in Florida 01/11/1988  
5. FEI Number 38-2581948 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CD	WINOGRAD, BERNARD	200 E. LONG LAKE RD.	BLOOMFIELD HILLS MI
TYD	ROTHBART, SHIRE	200 E. LONG LAKE RD.	BLOOMFIELD HILLS MI
SD	GOLD, KENNETH H.	500 N WOODWARD #100	BLOOMFIELD HILLS MI

100002019151--5  
-12/04/96--01041--007  
\*\*\*375.00 \*\*\*375.00  
*[Signature]*

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street  
Suite, Apt. #, Etc.  
City Tallahassee  
State FL Zip Code 32301-2607

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.B.

Signature of Registered Agent *[Signature]* REQUIRED  
Date 12/2/96  
Laura R. Dunlap REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

12. 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]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Shire Rothbart

November 21, 1996 (810) 258-6800  
Date