

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 21, 2003 8:00 A.M
Secretary of State

DOCUMENT # P 17598

1. Corporation Name

SANFORD HOLDINGS, INC.

2. Principal Office Address

40950 WOODWARD AVE.

Suite, Apt. #, etc.

310

City & State

BLOOMFIELD HILLS, MI

Zip

48304

Country

USA

3. Mailing Office Address

40950 WOODWARD AVE.

Suite, Apt. #, etc.

310

City & State

BLOOMFIELD HILLS, MI

Zip

48304

Country

USA

600010416686
01/22/03--01046--004 **900.00
REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

11/05/84

5. FEI Number

38-2581946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current 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

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

[Handwritten Signature]

Date

1/17/03

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
PRES/ SEC	KENNETH H. GOLD	38500 WOODWARD AVENUE SUITE 100	BLOOMFIELD HILLS, MI 48303-0908
TREAS DIR	KENNETH H. GOLD	38500 WOODWARD AVENUE SUITE 100	BLOOMFIELD HILLS, MI 48303-0908
DIR	JEFFREY H. MIRO	38500 WOODWARD AVENUE SUITE 100	BLOOMFIELD HILLS, MI 48303-0908

10. 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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/03

Daytime Phone #

CR2E081 (9/01)

95 1/23