PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

1996

APPROVED AND FILED

1996 NOV -4 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P21936

1. Corporation Name

COMERICA CORPORATE SERVICES INCORPORATED

Principal Place of Business	Mailing Address
3920 NORTHDALE BLVD 305A TAMPA FL 33618 US	P O BOX 75000 PO BOX 75000 DETROIT MI 48275-3391 US

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

S00002001045--5
-11/08/96--01111--014
***375.00 ***375.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	411 W. LAFAYETTE Suite, Apt. #, etc. MC 3415
City & State	City & State DETROIT, MI
Zip / Country	Zip 48226 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/01/1988

5. FEI Number: 38-2532037 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	GODFREY, J. P	~~P. O. BOX 75000 N/A~~ 411 W. LAFAYETTE, MC 3415	DETROIT MI 48226
D	HEIL, LOUISE B	~~P. O. BOX 75000 N/A~~ 411 W. LAFAYETTE, MC 3415	DETROIT MI 48226
D	MORAN, JOSEPH A	~~P. O. BOX 75000 N/A~~ 411 W. LAFAYETTE, MC 3415	DETROIT MI 48226
O	KENNETH J. SCHAD	411 W. LAFAYETTE, MC 3415	DETROIT, MI 48226

REINSTATEMENT

8. Name and Address of Current Registered Agent

FERRIERO, JAY M
3920 NORTHDALE BLVD SUITE 305A
TAMPA FL 33618

9. Name and Address of New Registered Agent

Name: JAY M. FERRIERO
Street Address (P.O. Box Number is Not Acceptable): 3111 North University Drive
Suite, Apt. #, Etc.: # 420
City: Coral Springs State: FL Zip Code: 33065

CR2E040 (7/96)

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.

Signature of Registered Agent: Jay M Ferriero SIGNATURE REQUIRED Date:

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 ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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: K J Schad SIGNATURE REQUIRED Date: 10/10/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH J. SCHAD

Daytime Phone #

0000107 AP