PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 NOV -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34808**

1. Corporation Name

SUPERIOR CONSULTANT COMPANY, INC.

Principal Place of Business	Mailing Address
4000 TOWN CENTER SUITE 1100 SOUTHFIELD MI 48075	~~4000 TOWN CENTER SUITE 1100~~ ~~SOUTHFIELD MI 48075~~

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. 17570 West Twelve Mile Rd.	
City & State		City & State Southfield, MI	
Zip	Country	Zip 48076	Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/22/1991

5. FEI Number: 38-2550455 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

100003040005 r--3
-11/03/99--01060--014
****750.00 ****750.00

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 3	4
CEOP	~~HELPPIE, RICHARD D.~~ Helppie, Richard D. Jr.	4000 TOWN CENTER SUITE 1100	SOUTHFIELD MI 48075
TD	~~HELPPIE, RICHARD D.~~ Helppie, Richard D. Jr.	4000 TOWN CENTER SUITE 1100	SOUTHFIELD MI 48075
~~VP~~ EV	BRACKEN,CHARLES O.	4000 TOWN CENTER SUITE 1100	SOUTHFIELD MI 48075
~~VCFO~~ V/CFO/AS	HOUSE, JAMES T	4000 TOWN CENTER SUITE 1100	SOUTHFIELD MI 48075
~~SVP~~ SV/COO	TASHIRO, ROBERT	4000 TOWN CENTER SUITE 1100	SOUTHFIELD MI 48075
~~VP~~ V/S/CAO	~~CUNNINGHAM, BARBARA A~~ Synor, Susan M.	4000 TOWN CENTER SUITE 1100	SOUTHFIELD MI 48075

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State | Zip Code

REINSTATEMENT

(rev. 06/2000)

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: Claudia L. Addington, Secretary Date: 10/25/99
REGISTERED AGENT MUST SIGN

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: James T. Household 10/21/99 (248) 386-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James T. House CFO

0004083 AP

Superior Consultant Company, Inc.
Florida Application for Reinstatement - Attachment

Block 7 Continued -

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
V/GC	Saslow, Richard	4000 Town Center Suite 1100	Southfield, MI 48075