PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLET	ING THIS FOR	 M.
APPLICATION FOR REINSTATEMENT	PLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED		
DOCUMENT # P38874			98 APR 27 PM I2: 08		
1. Corporation Name			SECHED HA DE STATE TALLAHARSER, PLORIDA		
AYA Inc.			AULANASSIR, INCRIDA		
Principal Place of Business Mailing Address			ļ		
1533 N. Woodward 1533 N. Woodward Ste. 340					
Bloomfield Hills MI Bloomfield Hills, MI 48304 48304				·	
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	4. Date Incorporated or Qualified To Do Business in Florida 5/19/1992		5/19/1992
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		5. FEI Numbe	2965843	Applied For
Zip Country	Zip Count	n/	6.		Not Applicable \$8.75 Additional Fee required
				E OF STATUS DESIRED	for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip					Ctoto (7:0
CPD Aronoff, Arnold Y	Ise Post Office Box N Shore B:	Numbers) 4			
azonoti, athora i	. 020 Guii	. Shore b.	lvd. S	Naples FL	34102
		0	9 4	8	
DEINGTATEMENT 47590					
REINSTATEMENT			1 · · · ·		
		5v 6	່ 9	0000250	19291
				/	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Aronoff, Arnold Y.			(S)		
626 Gulf Shore	Street Address (P.	Street Address (P.O. Box Number is Not Acceptable)			
Naples, FL 339	Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
City			State Zip Code		
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	GISTERED AGENT MUST SIGN			Date 4/24/	<u>'</u> 98
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No X (See other side for information on intangible tax.)					
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Proper # Date Dayline Phone #					

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ACCOUNT NO. : 072100000032

790887 REFERENCE :

AUTHORIZATION :

COST LIMIT

ORDER DATE: April 22, 1998

ORDER TIME: 12:28 PM

ORDER NO. : 790887-035

CUSTOMER NO:

9725B

CUSTOMER: Ms. Carla Campbell

Roetzel & Andress

Trainon Centre, Third Floor

850 Park Shore Drive Naples, FL 34103

DOMESTIC FILINGS

NAME: AYA, INC.



XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS