

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 FEB 27 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P94000039470

1. Corporation Name

AE Latinoamerica INC

2. Principal Office Address

26555 NORTHWESTERN HIGHWAY

Suite, Apt. #, etc.

3. Mailing Office Address

HIGHWAY

Suite, Apt. #, etc.

City & State

Southfield, MI

City & State

Zip

48034

Country

USA

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5/20/94

5. FEI Number

65-0536529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

CT CORPORATION

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

REGISTERED AGENT MUST SIGN

Date 2-27-01

**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
	see attached		100003802341--1 03/06/01 01073-004 ***1050.00 ***109.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Sherbin

Secretary

Date

2/26/01

Daytime Phone #

248-354-7700

(2012

**AE LATINOAMERICA INC.**  
**26555 Northwestern Highway**  
**Southfield, MI 48034**  
**248-354-7700**

**DIRECTORS**

David A. Bozynski  
Michael C. Verwilt  
James J. Zamoyski

**OFFICERS**

James D. Keller – Assistant Treasurer  
Robert C. Rozycki – Chief Tax Officer  
G. Michael Lynch – EVP and CFO  
David M. Sherbin – Secretary  
James J. Zamoyski – VP  
David A. Bozynski – VP and Treasurer