

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **P95000052291**

1. Corporation Name

RIMCO XIV, INC.

Principal Place of Business
**27777 Inkster Road
Farmington Hills, MI
48333-9065**

Mailing Address
**P.O. Box 9065
Farmington Hills, MI
48333-9065
Attn: Tax Dept. (10-98)**

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

2. New Principal Office Address, if Applicable
27777 Inkster Road

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

7/6/95

Suite, Apt. #, etc.
Dept. 10-98

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Farmington Hills, MI

City & State

62-1618314

Not Applicable

Zip
48333-9065

Country
U.S.A.

Zip
Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

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, P	Jerome Henson	27777 Inkster Road	Farmington Hills, MI 48333
D, T	Timothy Rutland	27777 Inkster Road	Farmington Hills, MI 48333
D, S	Robert Brown	27777 Inkster Road	Farmington Hills, MI 48333

REINSTATEMENT

B 97-98

11/ce

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Robert I. Weissler
2200 Museum Tower
150 W. Flagler Avenue
Miami, FL 33130**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Robert I. Weissler

REGISTERED AGENT MUST SIGN

Weissler

Date

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 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)(f), 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:

Robert C. Brown

September 22, 1998

(248) 473-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert C. Brown, Director & Secretary