1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 14 AM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000029394

1. Corporation Name

MIRAGE M/Y MANAGEMENT CORP.

REINSTATEMENT OCR2E081(07/07) 98-07 MOP

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
7091 Orchard Lake Rd., Suite 300	7091 Orchard Lake Rd., Suite 300
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Bloomfield, MI	City & State: West Bloomfield, MI
Zip: 48322 Country:	Zip: 48322 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3/28/1996

5. FEI Number: 65-0661916 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Incorp Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 17888 67th Court North

Suite, Apt. #, Etc.

City: Loxahatchee State: FL Zip Code: 33470

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Sarah Hilson on behalf of Incorp Services, Inc Date: 8/2/07
REGISTERED AGENT MUST SIGN

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
President	W.F. Hubner	7091 Orchard Lake Rd., Suite 300	West Bloomfield, MI 48322
Secretary	Glenn A. Barth	7091 Orchard Lake Rd., Suite 300	West Bloomfield, MI 48322

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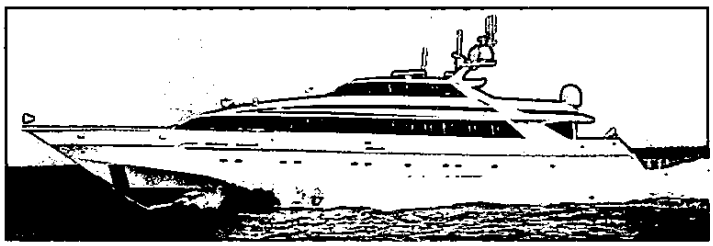
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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 contained in Chapter 119, 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: GLENN A. BARTH 8/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #



Mirage M/Y Management, Corp.

7091 Orchard Lake Road ▪ Suite 300 ▪ West Bloomfield, Michigan 48322 / 248 ▪ 539 ▪ 3800

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Mirage M/Y Management Corp.
FEIN: 65-0661916

Department of State:

Mirage M/Y Management Corp. (FEIN: 65-0661916) is requesting the reinstatement fee be waived. The corporation did not receive any prior notices regarding annual report filings from the State of Florida.

We are enclosing a check in the amount of $1,508.75 ($150.00 annual filing fee x 10 years) plus an additional $8.75 for a Certificate of Status after processing enclosed Corporation Reinstatement.

Please call (248) 539-3800, extension 266, should you have any questions.

Sincerely,

Daniel R. Wagner, CPA

Daniel R. Wagner, CPA
Mirage M/Y Management Corp.