


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 MAY 23 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #  **S26059**

1. Corporation Name
S26059
Vital Services, Inc.

2. Principal Office Address
812 Avis Drive

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ann Arbor, MI

City & State

Zip
48108

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **1/18/1991**

5. FEI Number
59-3045865

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
Robert Persante

Street Address (P.O. Box Number is Not Acceptable)
2555 Enterprise Road

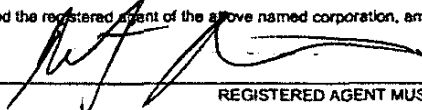
Suite, Apt. #, Etc.
3ldg. 15

City
Clearwater

State Zip Code
FL 33763

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



REGISTERED AGENT MUST SIGN

Date **3/24/05**

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
P	H.B. Calder	812 Avis Drive	Ann Arbor, MI 48108

900055147179

05/23/05--01066--004 **900.00

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

3/3/05

Date

734-677-0056

Daytime Phone #

CR2E01 (01/05)

526059