

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

97 DEC -1 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S28254

1. Corporation Name
FARBMAN CONSULTING GROUP, INC.

Principal Place of Business
**8449 NW 55TH ST.
FT. LAUDERDALE FL 33309**

Mailing Address
**2440 NW 55TH ST.
FT. LAUDERDALE FL 33309**



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

2. New Principal Office Address, If Applicable
28400 Northwestern Highway

Suite, Apt. #, etc.
4th Floor

City & State
Southfield, Michigan

Zip Country
48034-1839 U.S.A.

3. New Mailing Office Address, If Applicable
28400 Northwestern Highway

Suite, Apt. #, etc.
P. O. Box 5188

City & State
Southfield, Michigan

Zip Country
48086-5188 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida **01/28/1991**

5. FEI Number **31-1317655**

Applied For
Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CSD	FARBMAN, BURTON D	28400 NW HWY, 4TH FLOOR	SOUTHFIELD MI 39
P	WILLIAMS, HEDLEY J	28400 NORTHWESTERN HWY., 4TH FLO	SOUTHFIELD MI
EVP	EISENBERG, WILLIAM	28400 NORTHWESTERN HWY., 4TH FLO	SOUTHFIELD MI
T	STROUD, DOUGLAS R	28400 NORTHWESTERN HWY., 4TH FLO	SOUTHFIELD MI

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, HEDLEY J.
8449 NW 55TH ST.
FT. LAUDERDALE FL 33309

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.

City State Zip Code
Plantation FL 33324

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

[Signature]

Date **11/24/97**

REGISTERED AGENT MUST SIGN **Marc A. Gillis, Asst VP President**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐ **N/A**

(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

11-17-97
Date

**(248)
353-0500**
Daytime Phone #

CPRE040 (8/97)