

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S41850**

1. Corporation Name

QUADRANGLE INVESTMENT CO.

Principal Place of Business

Mailing Address

C/O PROGRESSIVE TOOL & IND.
21000 TELEGRAPH
SOUTHFIELD MI 48034
US

C/O PROGRESSIVE TOOL & IND.
21000 TELEGRAPH
SOUTHFIELD MI 48034
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

C/O WISNE HOLDINGS COMPANY

C/O WISNE HOLDINGS COMPANY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27145 SHERATON DRIVE

27145 SHERATON DRIVE

City & State

City & State

NOVI, MI

NOVI, MI

Zip

Zip

48377-3318

Country

USA

48377-3318

Country

USA

4. Date incorporated or qualified
To Do Business in Florida

03/27/98

5. FEI Number

65-0253272

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
D	WISNE, LAWRENCE A.	2100 TELEGRAPH 27145 SHERATON DR	SOUTHFIELD MI NOVI, MI 48377-3318
D	WISNE, ALAN L.	2100 TELEGRAPH 6981 EDGEWORTH	SOUTHFIELD MI ORLANDO, FL 32819
D	WISNE, JOSEPH L.	2100 TELEGRAPH 3707 WEST MAPLE	SOUTHFIELD MI BLOOMFIELD HILLS, MI 48301
D	WISNE, TONI A.	7677 CLEMENTINE COURT 27145 SHERATON DR	ORLANDO FL NOVI, MI 48377-3318
ST	VEIT, NORBERT J.	21000 TELEGRAPH ROAD	SOUTHFIELD MI
ST	DAVIS, JAMES E.	27145 SHERATON DR	NOVI, MI 48377-3318

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WISNE, EDWARD
6435 PARSON BROWN DR.
ORLANDO FL 32819

Name

ALAN L. WISNE

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

6981 EDGEWORTH

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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]

REGISTERED AGENT MUST SIGN

Date

10/31/00

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/00

Daytime Phone #