

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 JUN 25 AM 11:37

DOCUMENT # 868859

**1. Corporation Name**

Southgate Gardens Value Apartments, Inc.

**REINSTATEMENT**

04-07

CR2E081 (1/07)

**2. Principal Office Address - No P.O. Box #**

22710 Haggerty Road

Suite, Apt. #, etc.  
110

City & State

Farmington Hills, MI

Zip

48335

Country

U.S.A.

**3. Mailing Office Address**

22710 Haggerty Road

Suite, Apt. #, etc.  
110

City & State

Farmington Hills, MI

Zip

48335

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/25/91

**5. FEI Number**

65-0279998

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

Paul Kupfer, Esq.

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

5541 University Drive

Suite, Apt. #, Etc.

103

City

Coral Springs

State

FL

Zip Code

33067

☒ 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

Date

06/22/07

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
P	Alvin Weisberg	22710 Haggerty, Ste. 110	Farmington Hills, MI 48335
T	Steven Weisberg	38710 Woodward, Ste. 100	Bloomfield Hills, MI 48304

500104825806  
06/25/07--01038--025 \*\*608.75

**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:**

Alvin Weisberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4, 2007 (248) 348-7300

Date

Daytime Phone #