

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -5 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900054517539
05/13/05--01053--013 **1658.75

REINSTATEMENT 00-05

DOCUMENT # 142320

1. Corporation Name

Macomb Corporation

2. Principal Office Address
4199 Telegraph Road,

Suite, Apt. #, etc.

Suite 1000

City & State

Bloomfield Hills, MI

Zip

48302

Country

USA

3. Mailing Office Address

4190 Telegraph Road,

Suite, Apt. #, etc.

Suite 1000

City & State

Bloomfield Hills, MI

Zip

48302

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1943

5. FEI Number

38-1648914

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

Herbert Margolis

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

1903 Atlantic Street

Suite, Apt. #, Etc.

#213

City

Melbourne Beach

State
FL

Zip Code
32951

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

Herbert Margolis

REGISTERED AGENT MUST SIGN

Date

5/1/05

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
Pres.	Robert Brody	4190 Telegraph Rd., Ste 1000	Bloomfield Hills, MI 48302
VP	Rhea Brody	4190 Telegraph Rd., Ste 1000	Bloomfield Hills, MI 48302
Sec. Tres.	Jay Brody	4190 Telegraph Rd., Ste 1000	Bloomfield Hills, MI 48302

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)(f), 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:

Robert Brody
ROBERT BRODY, PRESIDENT

4/27/05

Date

248-593-7900

Daytime Phone #

CRE2001 (01/05)