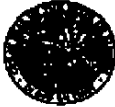


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SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 23 04:16

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000004383					
1. Corporation Name CHURCHILL TRAILER, INC.					
2. Principal Office Address 26 Winthrop Place			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Grosse Pointe Farms, MI			City & State		
Zip 48236	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number 38-3069460	
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable) **1200 S. Pine Island Road**

Suite, Apt. #, Etc.

City **Plantation** State **FL** Zip Code **33324**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 817.0503, F.S.

Signature of Registered Agent *Claudia L. Saari* **Claudia L. Saari**
Asst. Secretary Date **11/23/2005**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres./Dir.	Joseph V. Clemente	26 Winthrop Place	Grosse Pointe Farms, MI 48236

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 807 or 817, 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 807.0401 or 817.0401, 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: *Joseph V. Clemente* **11/23/05** **586-792-8001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

CHURCHILL TRAILERS, INC.

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