

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

1997 JUN 25 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #64904

1. Corporation Name DAHLMANN FLORIDA CORPORATION

Principal Place of Business 300 S. Thayer St. Ann Arbor, MI 48104	Mailing Address 300 S. Thayer St. Ann Arbor, MI 48104
---	---

000002225330--6
-06/27/97--01108--012
***1638.25 ***1638.25

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		4. Date Incorporated or Qualified To Do Business in Florida 02/10/89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 38-2857245	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	Dennis A. Dahlmann	2959 W. Gulf Dr,	Sanibel, FL 33957
VD	Steven Zarnowitz	300 S. Thayer St.	Ann Arbor, MI 48104

REINSTATEMENT

at 97
750
6/18/97

8. Name and Address of Current Registered Agent

Dennis A. Dahlmann
2959 W. Gulf Drive
Sanibel, FL 33957

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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: Dennis A. Dahlmann
REGISTERED AGENT MUST SIGN

Date: 6/18/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(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: Steven Zarnowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/97 313-761-7600
Date Daytime Phone #

CR2ED40 (1/2/96)