

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
02 AUG 20 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25803**

1. Corporation Name

DAHLMANN APARTMENTS LTD., CORPORATION

Principal Place of Business

Mailing Address

300 SOUTH THAYER STREET
ANN ARBOR MI 48104

300 SOUTH THAYER STREET
ANN ARBOR MI 48104



REINSTATEMENT 01-02

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

08/29/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

38-1944866

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	DAHLMANN, DENNIS A.	2959 WEST GULF DRIVE	SANIBEL FL
V	ZARNOWITZ, STEVEN	10620 MACON ROAD	SALINE MI
T	MILNE, SUSAN G.	1705 MORTON	ANN ARBOR MI
D	DAHLMANN, NEIL O.	300-D PARK AVENUE	HIGHLAND PARK IL

500007293895--9
-08/22/02--01082--005
***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAHLMANN, DENNIS A.
2959 WEST GULF DRIVE, UNITE 302
SANIBEL FL 33957

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
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

8/16/02

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:

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

August 16, 2002
Date

734-761-7600
Daytime Phone #

CR2E040 (8/01)