

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 NOV -1 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34808

1. Corporation Name
SUPERIOR CONSULTANT COMPANY, INC.

Principal Place of Business Mailing Address
4000 TOWN CENTER SUITE 1100 SOUTHFIELD MI 48075
4000 TOWN CENTER SUITE 1100 SOUTHFIELD MI 48075



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/22/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		38-2550455	
Country		Country		Applied For	
		17570 West Twelve Mile Rd. Southfield MI		Not Applicable	
		48076		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	4. State
CEOP	HELPPIE, RICHARD D. Helppie, Richard D. Jr.	4000 TOWN CENTER SUITE 1100	SOUTHFIELD MI 48075
TD	HELPPIE, RICHARD D. Helppie, Richard D. Jr.	4000 TOWN CENTER SUITE 1100	SOUTHFIELD MI 48075
VP EV	BRACKEN, CHARLES O.	4000 TOWN CENTER SUITE 1100	SOUTHFIELD MI 48075
VCFD V/CEO/AS	HOUSE, JAMES T	4000 TOWN CENTER SUITE 1100	SOUTHFIELD MI 48075
SVP SV/COO	TASHIRO, ROBERT	4000 TOWN CENTER SUITE 1100	SOUTHFIELD MI 48075
VP V/S/CAO	CUNNINGHAM, BARBARA A. Synor, Susan M.	4000 TOWN CENTER SUITE 1100	SOUTHFIELD MI 48075

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City 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: *Claudia L. ...* Date: 12/25/99
REGISTERED AGENT MUST SIGN

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: *James T. House* 10/21/99 (248) 386-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
James T. House CFO

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CR20040 (8/97)

**Superior Consultant Company, Inc.
Florida Application for Reinstatement - Attachment**

Block 7 Continued -

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
V/GC	Saslow, Richard	4000 Town Center Suite 1100	Southfield, MI 48075