PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -6 AM 9:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F02000002317

1. Corporation Name

FRANK'S NURSERY & CRAFTS, INC.

REINSTATEMENT 07

000024481400
11/06/03--01046--009 **758.75

Principal Place of Business	Mailing Address
~~1175 WEST LONG LAKE ROAD~~ 580 Kirts Blvd. TROY MI ~~48098~~ 48084	~~1175 WEST LONG LAKE ROAD~~ 580 Kirts Blvd. TROY MI ~~48098~~ 48084

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
580 Kirts Blvd, Suite 300	580 Kirts Blvd, Suite 300
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Troy, MI	City & State Troy, MI
Zip 48084 Country USA	Zip 48084 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/09/2002

5. FEI Number: 47-0863558 ☐ Applied For ☐ Not Applicable

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 "SEE ATTACHED"	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	~~FISHMAN, STEVEN S~~	1175 WEST LONG LAKE ROAD	TROY MI ~~48098~~
STD	~~LAKIN, LARRY T~~	~~1175 WEST LONG LAKE ROAD~~	TROY MI ~~48098~~
PCOO	SNOPINSKI, ADAMY T	~~1175 WEST LONG LAKE ROAD~~	TROY MI ~~48098~~
D	FLEISHAKER, AARON J	3333 NEW HYDE PARK ROAD, SUITE 1	NEW HYDE PARK NY 11042
D	HELLERMAN, GERALD	10965 EIGHT BELLS LANE	COLUMBIA MD 21044
D	NUSIM, JOSEPH	300 PARK AVE., SUITE 1700	NEW YORK NY 11022

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] Asst V.P. Date: 10/21/03
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: [signature] 10/16/03 (248) 712-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #