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SECRETARY OF STATE

2-5-08

## **COVER LETTER**

SECRETARY DE 3 19 TO: **New Filing Section Division of Corporations ProAct Services Corporation** (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: Lori Knudsen (Name of Person) **ProAct Services Corporation** (Firm/Company) 1140 Conrad Industrial Dr (Address) Ludington MI 49431 (City/State and Zip code) For further information concerning this matter, please call: Gerald Skar or Lori Knudsen at (\_ (Area Code & Daytime Telephone Number) (Name of Person) **MAILING ADDRESS:** STREET/COURIER ADDRESS: New Filing Section **New Filing Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: \$78.75 Filing Fee & \$87.50 Filing Fee, \$70.00 Filing Fee **▼** \$78.75 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(	mote in rivitua, enter attentate corporate name t	dopted for the purpose of transacting busi	iness in Florida)	
Michigan	3.	38-3143460		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
12/10/93	12/10/93 <sub>5.</sub> perpetual			
(Dat	(Date of incorporation) (Duration: Year corp. will cease to exist or "			
	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)		
1140 Con	rad Industrial Dr. Ludington M			
1140 0011	(Principal office address			
camo	(Finispationide address			
same	(Current mailing addr	esc)		
20116	(Current mailing addr	255)		
***************************************	(Current mailing addre	255)	ZOOR SEC	
Environm	•		<del>28</del> #	
Environm (Purpose(	ental Services  o) of corporation authorized in home state or cou	untry to be carried out in state of Florida)	<del>28</del> #	
Environm (Purpose) Name and stre	ental Services  o) of corporation authorized in home state or counter address of Florida registered agent: (P.O.	untry to be carried out in state of Florida)	RETARY AHASSE	
Environm (Purpose(	ental Services  o) of corporation authorized in home state or count address of Florida registered agent: (P.O. Martin Dillis	untry to be carried out in state of Florida)  Box NOT acceptable)	RETARY OF AHASSEE, F	
Environm (Purpose) Name and stre	ental Services  o) of corporation authorized in home state or counter address of Florida registered agent: (P.O.	untry to be carried out in state of Florida)  Box NOT acceptable)	RETARY CANASSEE	
Environm (Purpose) Name and street	ental Services  o) of corporation authorized in home state or count address of Florida registered agent: (P.O. Martin Dillis	untry to be carried out in state of Florida)  Box NOT acceptable)	RETARY OF SAHASSEE, FL	

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:  A. DIRECTORS  Chairman:  Address:  Address:	
A. DIRECTORS	
Chairman:	
Address:  SECRETARY  Address:  ORIDA	<u>.                                    </u>
- SEE, FISTATE ODIS	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	<del></del>
Address:	
B. OFFICERS	
President: Frank Smiddy	· · · · · · · · · · · · · · · · · · ·
Address: 1140 Conrad Industrial Dr	
Ludington MI 49431	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or	directors.
13. (Signature of Director or Officer listed in number 12 of the application)	
Frank Smiddy, president	

(Typed or printed name and capacity of person signing application)



Lansing, Michigan

This is to Certify That

## PROACT SERVICES CORPORATION

a Michigan profit corporation was validly incorporated on December 10, 1993, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

SECRETARY OF STATE

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Sent by Facsimile Transmission 940875

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of December, 2007.

. Director

Bureau of Commercial Services