

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 SEP 11 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837649

1. Corporation Name

ANDERSEN & ASSOCIATES, INC.

000007733410--0
-09/13/02--01044--029
****900.00 ****900.00

2. Principal Office Address

P.O. BOX 1015

Suite, Apt. #, etc.

30575 ANDERSEN COURT

City & State

WIXOM, MI

Zip

48393-1015

Country

OAKLAND

3. Mailing Office Address

P.O. BOX 1015

Suite, Apt. #, etc.

30575 ANDERSEN COURT

City & State

WIXOM, MI

Zip

48393-1015

Country

OAKLAND

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1976

5. FEI Number

38-1722178

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DENNIS J. TYMOSKO

Street Address (P.O. Box Number is Not Acceptable)

4722 NW 165TH ST.

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 09/05/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	THOMAS M. CAMPAU	30575 ANDERSEN COURT	WIXOM, MI 48393
P	JAMES J. O'DETTE	30575 ANDERSEN COURT	WIXOM, MI 48393
S	THOMAS FORESTER	30575 ANDERSEN COURT	WIXOM, MI 48393
CE	HANS ANDERSEN, JR.	30575 ANDERSEN COURT	WIXOM, MI 48393
AT	CORY VOUGHT	30575 ANDERSEN COURT	WIXOM, MI 48393
VP	CHARLES TAPPAN	30575 ANDERSEN COURT	WIXOM, MI 48393

10. 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:

[Handwritten Signature]

CORY VOUGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02
Date

248-960-6800

Daytime Phone #

gs 9/5/02

CR2E081 (9/01)