PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 DEC 29 AM 11: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B 12/02/07
6000821957G
12/06/06--01099--001 **908.75

REINSTATEMENT 05-06

DOCUMENT # F02000002317

1. Corporation Name
Franks nursery & Crafts Inc.

2. Principal Office Address
3333 new Hyde Park Rd

Suite, Apt. #, etc.
100

City & State
new Hyde Park, NY

Zip
11042

Country
USA

3. Mailing Office Address
3333 new Hyde Park Rd

Suite, Apt. #, etc.
100

City & State
new Hyde Park NY

Zip
11042

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 5/9/02

5. FEI Number 4?-0863558

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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 _Charles W Meyer_

CHARLES W. MEYER
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 12/28/2006

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
VP	michael Schindler	3333 new Hyde Park Rd	new Hyde Park NY 1104
VP	Bruce Kauderer	3333 new Hyde Park Rd	new Hyde Park NY 11042
P	michael mcbride	580 Kirts Blvd.	Troy, MI 48084

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 contained in Chapter 119, 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: _____ VP   11-29-06   516 869-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

FL010 - 01/04/2006 C T System Online   Bruce Kauderer   VP