

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 10 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003093

1. Corporation Name

The Mandatory Poster Agency, Inc.

2. Principal Office Address
422 Elmwood Road

3. Mailing Office Address

Suite, Apt. #, etc.
#14

Suite, Apt. #, etc.

City & State
Lansing, Michigan

City & State

Zip
48917

Country
Eaton

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/18/2002

5. FEI Number

38-3468792

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
Registered Agents Legal Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1333 North Duval Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32302

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

Michael W. Ashley

REGISTERED AGENT MUST SIGN

MICHAEL W. ASHLEY

Date 2/28/2005

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
P	Tom Fata	422 Elmwood Road #14	Lansing, Michigan 48917
V	Steve Fata	422 Elmwood Road #14	Lansing, Michigan 48917
S	Joe Fata	422 Elmwood Road #14	Lansing, Michigan 48917

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-5 517.321.4144

CP2E081 (01/05)