

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

05 NOV 29 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F03000000687

1. Corporation Name

SEND International

2. Principal Office Address

36210 Freedom Rd

Suite, Apt. #, etc.

City & State

Farmington, MI

Zip

48335

Country

USA

3. Mailing Office Address

POBox 513

Suite, Apt. #, etc.

City & State

Farmington, MI

Zip

48332

Country

USA

**REINSTATEMENT** 05

4. Date Incorporated or Qualified  
To Do Business in Florida

6/5/1962

5. FEI Number

41-0713904

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

Edwin L Frizen, Jr

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

851 Laurelcree Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

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

*Edwin L Frizen, Jr*  
REGISTERED AGENT MUST SIGN

Date

10/24/05

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
Chairman	William Wright	1605 Pine Cone	Hastings, MI 49058
Vice Chairman	Keith Hunt	6348 Tahoe Ln SE	Grand Rapids, MI 49546
President	David Wood	35929 Barkley	Livonia, MI 48154
Secretary	David Loewen	36661 Vicary Lane	Farmington, MI 48335
Treasurer	Timothy Kraftson	2577 Valleyview	Troy, MI 48098
			K. Eckel NOV 29 2005

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

*David Wood*

Date

10/12/2005

Daytime Phone #

2484774210