

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 30, 2005 8:00 A.M.
Secretary of State

DOCUMENT # F04000001771

1. Entity Name
FLYER ENTERPRISES, INC.



Principal Place of Business
**21751 WEST 11 MILE ROAD, SUITE 208
SOUTHFIELD, MI 48076**

Mailing Address
**21751 WEST 11 MILE ROAD, SUITE 208
SOUTHFIELD, MI 48076**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

REINSTATEMENT 2005

4. FEI Number
45-0512010

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANSLEY, MARK
315 S. EDISON AVE., #6
TAMAP, FL 33606**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/26/05
DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete
NAME **ANSLEY, T. MICHAEL**
STREET ADDRESS **820 CHEROKEE AVE**
CITY-ST-ZIP **ROYAL OAK, MI 48067**

TITLE **VD** ☐ Delete
NAME **ANSLEY, MARK C**
STREET ADDRESS **315 S. EDISON AVE., #6**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **STVC** ☐ Delete
NAME **ANSLEY, THOMAS D**
STREET ADDRESS **5585 OLD 70**
CITY-ST-ZIP **SPRINGFIELD, OH 45502**

TITLE **D** ☐ Delete
NAME **MENKER, STEVEN A**
STREET ADDRESS **37899 MAPLE HILL**
CITY-ST-ZIP **HARRISON TOWNSHIP, MI 48045**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

T. Michael Ansley

12/14/05

(248) 223-9160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #