

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # FO7000004112

1. Corporation Name

Orleans International, Inc.

**REINSTATEMENT 08-09**

B 8/6/09

200159273932

08/05/09--01026--014 \*\*1200.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

30600 Northwestern Hwy.

Suite, Apt. #, etc.

Suite 300

City & State

Farmington Hills, Michigan

Zip

48334

Country

USA

3. Mailing Office Address

30600 Northwestern Hwy.

Suite, Apt. #, etc.

Suite 300

City & State

Farmington Hills, Michigan

Zip

48334

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

August 13, 2007

5. FEI Number

381723349

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

Earl Tushman

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

2507 Lucille

Suite, Apt. #, Etc

City

Fort Lauderdale

State

FL

Zip Code

33316

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Earl Tushman*  
REGISTERED AGENT MUST SIGN

Date August, 2009

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
PTD	Earl Tushman	2507 Lucille	Fort Lauderdale, FL 33316
VSD	Lawrence J. Tushman	30600 Northwestern Hwy.	Farmington Hills, Michigan 48334

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:

*Earl Tushman*  
Earl Tushman, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August, 2009 (248) 855-5556

Date

Daytime Phone #