

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 21, 2016 08:00 AM
Secretary of State

DOCUMENT # F10000000288

1. Corporation Name

BESSER COMPANY USA

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

801 JOHNSON ST.

Suite, Apt #, etc.

City & State

ALPENA, MI

Zip

49707

Country

USA

3. Mailing Office Address

801 JOHNSON ST.

Suite, Apt #, etc.

City & State

ALPENA, MI

Zip

49707

Country

USA

416000312374

CR2B081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida

01/19/2010

5. FEI Number

38-1989675

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

C T CORPORATION SYSTEM

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

Jordan Brown Assistant Secretary

Date 12/15/2016

REGISTERED AGENT MUST SIGN

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
Pres.	Kevin L Curtis	7750 BUSHEY RD.	ALPENA, MI 49707
CFO	Scott Foerstner	2076 S 4th Ave	ALPENA, MI 49707

10. E-mail Address: cls-statecommunications@wolterskluwer.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/2016

Date

989-354-4111

Daytime Phone #

3/20/17

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

12:18 PM

((H16000312374 4))

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4004

FROM: C T CORPORATION SYSTEM

ACCT#: FCA000000023

CONTACT: KIM LAUGHREY

PHONE: (614) 280-3338

FAX #: (954) 208-0845

NAME: BESSER COMPANY USA

AUDIT NUMBER.....H16000312374

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..0

PAGES..... 2

CERT. COPIES.....0

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** ENTER 'M' FOR MENU. **

ENTER SELECTION AND CR: