

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 19 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005645

1. Corporation Name

GREAT DANE HOLDINGS INC.

Principal Place of Business

2016 NORTH PITCHER STREET  
KALAMAZOO MI 49007

Mailing Address

2016 NORTH PITCHER STREET  
KALAMAZOO MI 49007

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/1994

5. FEI Number

54-0698116

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MARKIN, DAVID R	2016 NORTH PITCHER STREET	KALAMAZOO MI 49007
EV	HARRIS, JAY H	2016 NORTH PITCHER STREET	KALAMAZOO MI 49007
SVC	SOLOMON, MARTIN L	2016 NORTH PITCHER STREET	KALAMAZOO MI 49007
T	SMITH, MARLAN R	2016 NORTH PITCHER STREET	KALAMAZOO MI 49007
C	TESSLER, ALLAN R	2016 NORTH PITCHER STREET	KALAMAZOO MI 49007
VC	THOMAS, WILMER J JR	2016 NORTH PITCHER STREET	KALAMAZOO MI 49007

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

200002026152--3

-12/11/96--01066--003

\*\*\*375.00 \*\*\*375.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

TANYA M. VILLAR  
REGISTERED AGENT MUST SIGN

Date

12-5-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 #

11-20-96 (616) 383-6121