

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 12 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000001323**

1. Corporation Name

OFFICE DETAILS INC.

Principal Place of Business

**25 OTTAWA SW
ARENA STATION
GRAND RAPIDS, MI. 49503**

Mailing Address

**901 44th ST. SE
P.O. BOX 1967 (TAX DEPT)
GRAND RAPIDS, MI. 49501**

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

2. New Principal Office Address, If Applicable

25 OTTAWA S.W.

3. New Mailing Office Address, If Applicable

901 44th ST. S.E.

Suite, Apt. #, etc.

ARENA STATION

Suite, Apt. #, etc.

P.O. BOX 1967 (TAX DEPT)

City & State

GRAND RAPIDS, MI.

City & State

GRAND RAPIDS, MI

Zip

49503

Country

USA

Zip

49501

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/96

5. FEI Number

38-3254746

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	EDMUND KLIPA	25 OTTAWA SW	GRAND RAPIDS, MI. 49503
TREAS	ALWYN ROUGIER-CHAPMAN	901 44th ST. S.E.	GRAND RAPIDS, MI. 49508
SEC	JON D BOTSFORD	901 44th ST. S.E.	GRAND RAPIDS, MI. 49508

REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324**

9. Name and Address of New Registered Agent

Name

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

500003099215--5

Suite, Apt. #, Etc.

-01/14/00--01076--015

City

*****908.75**

State

FL

Zip Code

*****908.75**

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

Vicky Goldstein

VICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

Date **12/30/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

A. Rougier-Chapman

A. Rougier-Chapman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000

Date

616-247-3410

Daytime Phone #

CR2E01 (12/98)