

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLÍCATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9600003915

1. Corporation Name

EMPIRE OF MICHIGAN, INC.

Principal Place of Business

Mailing Address

8181 LOGISTIC DR

PO BOX 17

ZEELAND MI 49464-0017

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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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							1 5 1			
2. New Principal Office Address, it Applicable 3. New N				Illing Office Address, if Applicable			Date Incorporated or Qualified To Do Business in Florida 08/01/1996			
Suite, Apt. #, etc. Suite, Apt.				. etc.						
2010[14011							5. FEI Number			Applied For
City & State	9		City & State			 _	38-3135188 Not Applicable			
Zip	Zip Country		Zip		Country	,	6. S8.75 Additional Fee reg			
7. Names	and Street Add	dresses of Each Officer and	or Director (Flo	rida nonprofit	corporat	tions must list at lea	ast 3 directors)			
	Name of Officers Street Address of Each									
Title(s)	and/or Directors					ficer and/or Director		City / State / Zip		
CEO	HIGHLEY, THOMAS H			8181 LOGISTIC DR				ZEELAND MI 49464		
CF0	JOHANDES, STEPHEN J III			8181 LOGISTIC DR			ZEELAND MI 49464			
C00	GROSSMAN, STEPHEN R			8181 LOGISTIC DR			ZEELAND MI 49464			
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 				· ·			11/18/	100024818681 11/18/0301093006 **150.00		0.00
										
8. Name and Address of Current Registered Agent							9 Name and A	ddress of New Register	ed Agent	
C. Mario and Addivas of Outland Hogistelad Agent										
_ :=:V										(7)
C T CORPORATION SYSTEM				Street Address (P		P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD				Ĺ <u> </u>					CR2E040 (7/03)	
PLANTATION FL 33324				Suite, Apt. #, Etc		•				
						City			tate Zip Co	ode
10. I, being	appointed the	registered agent of the abo	ove named corpo	oration, am fam	nillar with	h and accept the of	bligations of Secti			

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., 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

REGISTERED AGENT MUST SIGN

11/12/03 6/6-772-7042



THE EMPIRE COMPANY, INC.

8181 Logistic Drive P.O. Box 17 Zeeland, MI 49464-0017 Local (616) 772-7272 • Fax (616) 772-7020

Writer's Direct Dial ()

November 13, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed our application and payment for reinstatement of our business license.

We did not receive our first or second notice of renewal from C T Corporation System, however upon receiving the Notice of Administrative Dissolution or Revocation we are submitting for reinstatement.

Thanking you in advance,

Kevin Spalding

Controller

ks/mjr

Enc