

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 13 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H19867

1. Corporation Name

NORDIE - TAMPA BAY, INC.

400009508124
12/13/02--01072--002 **300.00

2. Principal Office Address

2708 E. MANNA AVE

3. Mailing Office Address

25300 GUENTHER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

WARREN, MI

Zip

33610

Country

U.S.A.

Zip

48091

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

9/6/84

5. FEI Number

58-1590339

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

CHRIS BERTSON

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

2708 E. MANNA AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33610

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

[Signature]

Date

12/9/2002

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
P/O	JAMES D. NORDIE	450 TOOTING LANE	BIRMINGHAM, MI 48009
ASST S/T/O	KEVIN F. SMITH	5718 LORIPAT DR	BROADVIEW HILLS, OHIO 44147
S/T/O	THOMAS G. ADDISON	6946 AURORA	TROY, MI 48098

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 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:

Thomas G. Addison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/02 586-755-4200

Daytime Phone #

CR2E081 (9/01)



25300 Guenther
Warren, MI 48091
(586) 755-4200
(586) 755-0460 Fax

December 5, 2002

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

Dear Sir/Madame:

Enclosed is our application for corporation reinstatement in the state of Florida. Per phone discussion, we are enclosing \$300 representing the annual fee of \$150 for the two years for which we did not file. We are asking the additional fees for reinstatement be waived due to that the fact that when we relocated in June, 2000, we did not give notice of our new address, and failed to file as a result of not receiving the annual report which is normally forwarded to our office in Michigan. We also had turnover in our controller position during that time. I have taken internal measures to assure that this will not occur in the future whether the forms are received or not. We have an excellent record of filing and paying all taxes on a timely basis. We appreciated your consideration of this request and await your response.

Sincerely,

Thomas G. Addison
Nordlie - Tampa Bay, Inc. - Secretary/Treasurer

