

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P30330

1. Corporation Name  
**ATTWOOD CORPORATION**

Principal Place of Business  
1016 N. MONROE  
LOWELL MI 49331

Mailing Address  
~~1016 N. MONROE~~  
~~LOWELL MI 49331~~

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

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	4 City / State / Zip
VP P/O	WINKS, KURT Michael Love	<del>210 S. ROBBINWOOD CT.</del> 901 44th Street SE	HIGH POINT NC 27265 Grand Rapids, MI 49508
PD S	HAECK, LEWIS Jon D Botsford	<del>337 DOGWOOD NE</del> 901 44th Street SE	ADA MI Grand Rapids, MI 49508
D T	CRAWFORD, WILLIAM P James P. Keane	<del>7091 CONSERVATION NE</del> 901 44th Street SE	ADA MI 49301 Grand Rapids, MI 49508
VP	<del>TAUGHER, STEVEN M</del>	<del>12721 MARSH RD #A</del>	<del>SHELBYVILLE MI 49344</del>
VP	RATZA, CLIFFON J	1624 TAMMARRON, SE	GRAND RAPIDS MI 49540
ATD	ROUGIER-CHAPMAN, ALWYN	2610 SAN LU RAE DR., SE	GRAND RAPIDS MI

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

**REINSTATEMENT 02-04**  
MRS

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. or 617.0505, F.S.

Signature of Registered Agent

*Brenda L. White*

Brenda L. White  
Asst. Secretary

REGISTERED AGENT MUST SIGN

Date

6/14/04

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:

*Michael Love*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/11/04

Daytime Phone #

616-247-2710

FILED

04 JUN 14 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800029447288

02/25/04--01016--007 \*\*1059.75

4. Date Incorporated or Qualified To Do Business in Florida

07/06/1990

5. FEI Number

38-0313380

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

CR2504 (8/02)