

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # S36172

1. Corporation Name

THE FRANDORSON CORPORATION

Principal Place of Business

Mailing Address

300 FRANDOR AVE  
LANSING MI 48912  
US

300 FRANDOR AVE  
LANSING MI 48912  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/07/1991

5. FEI Number

59-3055675

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 3	City / State / Zip 4
D	CORR, F JEROME	300 FRANDOR AVE	LANSING MI 48912
D	<del>CORR, THOMAS</del>	<del>6542 US HWY 41 NO 300 Frandor Ave</del>	<del>APOLLO BCH FL Lansing, MI 48912</del>
D	CORR, HOWARD J	6542 US HWY 41 NO 300 Frandor Ave	APOLLO BCH FL Lansing, MI 48912
P	CORR, PATRICK F	300 FRANDOR AVE	LANSING MI 48912
T	angelique Trustees	300 Frandor Ave	Lansing, MI 48912
T	Chris CORR	300 Frandor Ave	LANSING, MI 48912

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIRCKS, TOMMI  
4818 BLOOMINGDALE AVE  
VALRICO FL 33594

TOMMI DIRCKS  
6105 Memorial Highway  
Suite C  
Tampa, FL 33615

Name: PATRICK F. CORR  
Street Address (P.O. Box Number is Not Acceptable):  
300 Frandor Ave  
Suite, Apt. #, Etc.:  
100003654351--9  
City: Lansing  
MI 48912

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

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

KE

10/15/00 (517) 3335300

FILED  
01 JAN 29 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

200-1

CR20040 (800)