

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC 29 AM 11:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P10288**

1. Corporation Name  
**BOBENAL INVESTMENTS, INC.**

Principal Place of Business  
 221 W. LAKE LANSING ROAD  
 E. LANSING MI 48823

Mailing Address  
 221 W. LAKE LANSING ROAD  
 E. LANSING MI 48823



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/30/1986	
City & State		City & State		5. FEI Number <b>38-1736967</b>	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SIMON, MARGIE	2540 EMERALD LAKE DRIVE	EAST LANSING MI 48823
VD	FINE, JILL S	1311 FAIROAKS CT	EAST LANSING MI 48823
SMD	FINE, JEROME L	1311 FAIROAKS CT	EAST LANSING MI 48823
TD	ROCKAFELLOW, SUSAN S	2028 BECHTEL	INDIANAPOLIS IN 46260

REINSTATEMENT / 997

8. Name and Address of Current Registered Agent

ACCARDI, ROGER  
 40 JASMINE DRIVE  
 DEBARY FL 32713

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number)  
 Suite, Apt. #, Etc.  
 City State Zip Code

391322-9  
 -01/06/98--01076--002  
 \*\*\*\*750.00 \*\*\*\*750.00  
 FL

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 *[Signature]* Date *10/24/97*  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: *[Signature]* 11/7/97 517 351-7513  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 JEROME L FINE COO  
 Date Daytime Phone #

CR2E040 (8/97)