

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 24 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name E. and F. Agency, Inc.

828160

100025236101  
12/04/03--01034--034 \*\*150.00

2. Principal Office Address  
28833 Telegraph Road

3. Mailing Office Address  
28833 Telegraph Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Southfield, Michigan

Southfield, Michigan

Zip

48034

Country

Oakland

Zip

48034

Country

Oakland

4. Date Incorporated or Qualified  
To Do Business in Florida 6/20/1972

5. FEI Number

38-1850165

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

Don W. Hoemke

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

7760 Pine Trees Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34243

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

Don W. Hoemke

REGISTERED AGENT MUST SIGN

Date 10-29-03

**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	Elma M. Fretter	28833 Telegraph Road	Southfield, MI 48034
S	Laura Fretter	28833 Telegraph Road	Southfield, MI 48034
V	Oliver L. Fretter	28833 Telegraph Road	Southfield, MI 48034
D	Elma M. Fretter	28833 Telegraph Road	Southfield, MI 48034
D	Laura Fretter	28833 Telegraph Road	Southfield, MI 48034

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:

Don W. Hoemke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-03

Date

Daytime Phone #

CR2E081 (10/02)