

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



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

01 DEC 18 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004397**

1. Corporation Name

HBF Corporation

2. Principal Office Address

31440 Northwestern Hwy.

3. Mailing Office Address

Same as (2) above

Suite, Apt. #, etc.

Suite 200

City & State

Farmington Hills, MI

City & State

Zip

48334-2564

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/92

5. FEI Number
38-3113297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-01

7. Name and Address of Current Registered Agent

Name

CT Corporation System

800004744808 -- 1

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

1200 SOUTH PINE ISLAND ROAD

-12/31/01--01048--010

***1350.00 ***1350.00

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Claudia L. Saari
REGISTERED AGENT MUST SIGN

Claudia L. Saari
Date
Asst. Secretary

12/17/01

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,C	Peter Karmanos, Jr.	Same as (2) above	Same as (2) above
V,D	Thomas Thewes	Same as (2) above	Same as (2) above

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:

Peter Karmanos, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter Karmanos, Jr.

12/12/01

Date

(248) 737-7360

Daytime Phone #