

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000006269

1. Corporation Name

ECI AGENCY, INC.

Principal Place of Business

Mailing Address

415 SOUTH FIRST STREET
LUFKIN TX 75901

415 SOUTH FIRST STREET
LUFKIN TX 75901

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

11/26/1997

5. FEI Number

75-2727846

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)

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
C	HUNTER, JAMES P III	415 SOUTH FIRST STREET	LUFKIN TX 75901
VAS	GERNER, W C	415 SOUTH FIRST STREET	LUFKIN TX 75901
V	ROTTMAN, JACK D	415 SOUTH FIRST STREET	LUFKIN TX 75901
V	WELLS, BILLY C	415 SOUTH FIRST STREET	LUFKIN TX 75901
VST	PARKER, SUSANNE	415 SOUTH FIRST STREET	LUFKIN TX 75901
V	HOPPER, FRAN	415 SOUTH FIRST STREET	LUFKIN TX 75901

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Address

Suite, Apt. #, Etc.

City

9. Name and Address of New Registered Agent

REINSTATEMENT

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

Vicky Goldstein

REGISTERED AGENT MUST SIGN

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/98

409-431-8734
Daytime Phone #

CR2E40 (9/98)