

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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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
Southfield, Michigan

City & State
Southfield, Michigan

Zip Country
48034 Oakland

Zip Country
48034 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

REINSTATEMENT 03

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 Zip Code
FL 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-29-03

Daytime Phone #

CR2E081 (10/02)