

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 15 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J45638

1. Corporation Name

EFCOM CONTRACTORS, INC.

Principal Place of Business

3598 ATLANTA ST  
HOLLYWOOD FL 33021

Mailing Address

3598 ATLANTA ST  
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/05/1986

5. FEI Number

59-2753016

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	RIBACHONEK, EDWARD	3598 ATLANTA ST	HOLLYWOOD FL
ST	RIBACHONEK, FRANCES	3598 ATLANTA ST	HOLLYWOOD FL
			900003179589--2 -03/22/00--01037--018 ****750.00 ****750.00
			900003179589--2 -03/22/00--01037--018 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

RIBACHONEK, EDWARD  
3598 ATLANTA ST  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Edward Ribachonek*  
REGISTERED AGENT MUST SIGN

Date

2/14/00

11. 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:

*Edward Ribachonek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
EDWARD RIBACHONEK

2/14/00  
Date

954 989 8467  
Daytime Phone #

KE