


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

|  |   |
|--|---|
| <b>DOCUMENT # P07000121720</b><br>1. Entity Name<br>EFA SECURITY TECH, CORP. |  |
|--|---|

FILED

08 DEC 12 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

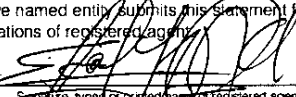


|   |         |   |         |
|---|---------|---|---------|
| Principal Place of Business<br><b>14942 SW 173 TERRACE<br/>MIAMI, FL 33187 US</b> |         | Mailing Address<br><b>14942 SW 173 TERRACE<br/>MIAMI, FL 33187 US</b> |         |
| 2. Principal Place of Business - No P.O. Box #                                    |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |

|   |        |                |  |
|---|--------|----------------|--|
| 12102008  | REIN-P | CR2E098 (1/07) |  |
| 4. FEI Number   |        |                | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |        |                | \$8.75 Additional Fee Required   |

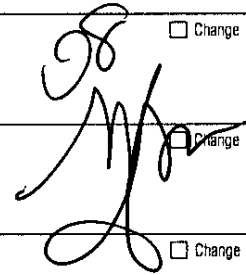
|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br><b>AVILA, EDGAR F<br/>14942 SW 173 TERRACE<br/>MIAMI, FL 33187</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |
|---|---|

8. The above named entity submits this Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

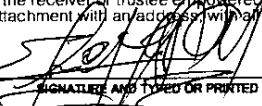
SIGNATURE:  DATE: 12-10-08

(NOTE: Registered Agent signature required when reinstating)

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|--|--|
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2009, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>AVILA, EDGAR F</b><br><b>14942 SW 173 TERRACE</b><br><b>MIAMI, FL 33187</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center; font-size: 18px; font-weight: bold;">                     000139041230<br/>                     12/16/08--01008--006 **150.00                 </div> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>VERA, ANTONIO</b><br><b>101 NW 25 AVENUE</b><br><b>MIAMI, FL 33125</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <div style="font-size: 24px; font-weight: bold;">REINSTATEMENT</div>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: 12-10-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #