

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000003951

**FILED**  
**Feb 09, 2006**  
**Secretary of State**

**Entity Name:** EFFE INC.

**Current Principal Place of Business:**

515 ELM STREET  
MANCHESTER, NH 03104

**New Principal Place of Business:**

300 AVE. P, SOUTH WEST  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

4735 HIGHWAY US 92 EAST  
LAKELAND, FL 33801

**New Mailing Address:**

310 RUBY LAKE LANE  
WINTER HAVEN, FL 33884

FEI Number: 02-0529446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LAPOINTE-WESCOM, MICHELINE  
4735 HIGHWAY US 92 EAST  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

LAPOINTE-WESCOM, MICHELINE  
310 RUBY LAKE LANE  
WINTER HAVEN, FL 33884 US

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.

SIGNATURE: MICHELINE LAPOINTE-WESCOM

02/09/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WESCOM, EARL  
Address: 310 RUMBY LAKE LANE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: P ( ) Delete  
Name: LAPOINTE-WESCOM, MICHELINE  
Address: 310 RUBY LAKE LANE  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELINE LAPOINTE-WESCOM

PRES

02/09/2006

Electronic Signature of Signing Officer or Director

Date