

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 AUG -3 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G65389

1. Corporation Name

EFFECTIVE MANAGEMENT, INC.

2. Principal Office Address

1915 BRICKELL AVE

3. Mailing Office Address

260 CRANDON BLVD #25

Suite, Apt. #, etc.

C-3PH3

Suite, Apt. #, etc.

SUITE 25

City & State

MIAMI, FL.

City & State

KEY BISCAYNE, FL.

Zip

33129

Country

DADE

Zip

33149

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

10-18-1983

5. FEI Number

592352284

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EDGARDO DEFORTUNA

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

445 GRAND BAY DRIVE

Suite, Apt. #, Etc.

#1203

City

KEY BISCAYNE

State  
FL

Zip Code

33149

**REINSTATEMENT 1995-2004**

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

REGISTERED AGENT MUST SIGN

Date 8-1-2004

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
PST	EDGARDO DEFORTUNA	445 GRAND BAY DRIVE	KEY BISCAYNE, FL 33149
VP m	BETTY DEFORTUNA	1915 BRICKELL AVE C-3PH3	MIAMI, FL 33129

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:

EDGARDO DEFORTUNA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-2004

Date

305-361-3440

Daytime Phone #

CR2E001 (07/04)