

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 JUL -6 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G65389**

1. Corporation Name

Effective Management, Inc.

2. Principal Office Address

1915 Brickell Ave #PH3

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33129

Country

Miami Dade

3. Mailing Office Address

260 Crandon Blvd

Suite, Apt. #, etc.

25

City & State

Key Biscayne, FL

Zip

33149

Country

Miami Dade

REINSTATEMENT

3/7/11/06

CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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)

260 Crandon Blvd

Suite, Apt. #, Etc.

#25

City

Key Biscayne

State
FL

Zip Code

33149

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

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
Pd	Defortuna, Edgardo	260 Crandon Blvd #25	Key Bisc, FL 33149

800077380188
07/12/06--01012--004 **300.00

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 contained in Chapter 119, 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

4/24/06

Date

305-361-3440

Daytime Phone #