

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J34122

FILED
May 27, 2005
Secretary of State

Entity Name: JEFECO ENTERPRISES HOLDINGS, INC.

Current Principal Place of Business:

C/O PETER T. HOFSTRA
8640 SEMINOLE BLVD.
SEMINOLE, FL 34642

New Principal Place of Business:

Current Mailing Address:

610 BULLOCK DRIVE
SUITE 914
MARKHAM, ON L3R 01 CA

New Mailing Address:

FEI Number: 59-2794359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFSTRA, PETER T
8640 SEMINOLE BLVD.
SEMINOLE, FL 34642 US

Name and Address of New Registered Agent:

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: PETER T. HOFSTRA

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: PD () Delete
Name: ELDER, JEFFREY
Address: 192 HAROLD AVENUE
City-St-Zip: STOUFFVILLE, ONTARIO, CANADA,

Title: STD () Delete
Name: ELDER, CHARLES
Address: 192 HAROLD AVENUE
City-St-Zip: STOUFFVILLE, ONTARIO, CANADA,

Title: AS () Delete
Name: HOFSTRA, PETER
Address: 8640 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Section 119.07(3)(i), 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: CHARLES ELDER

D

05/27/2005

Electronic Signature of Signing Officer or Director

Date