

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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11 FEB 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/10)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K51931 1. Corporation Name Eiffel Enterprises, Inc.			
2. Principal Office Address - No P.O. Box # 421 N.E. 12 Avenue		3. Mailing Office Address 421 N.E. 12 Avenue	
Suite, Apt. #, etc. # 312		Suite, Apt. #, etc. # 312	
City & State Homestead, FL		City & State Homestead, FL	
Zip 33030	Country U.S.	Zip 33030	Country U.S.
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 12/16/1988	
Name Jose Manuel Pernas		5. FEI Number 27-4827683	
Street Address (P.O. Box Number is Not Acceptable) 30115 S.W. 152 Court		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City Homestead		State FL	
Zip Code 33033			
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		Date February 9, 2011	
REGISTERED AGENT MUST SIGN			
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
PSD	Lazaro Pereda	421 N.E. 12 Ave #312	Homestead, FL 33030
VTD	Jose Manuel Pernas	30115 S.W. 152 Court	Homestead, FL 33033
10. E-mail Address: jose_pernas@yahoo.com (To be used for future annual report notification)			
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.			
SIGNATURE:		02/09/2011	(305)282-7321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #