PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

 DOCUMENT # L02000012798

Name and Mailing Address

Signature of

Managing Member/Manage

Typed or printed name of signing Managing Member/Manager

FILED 03 OCT 28 PM 5: 15 **DIVISION OF CORPORATIONS**

SECRETARY OF STATE TALLAHASSEE FLORIDA

MJH

0013664 01 AT 0,292 **AUTO T9 0 0615 34652-375477 EFFICACY PRODUCTS, LLC 5609 US HIGHWAY 19 STE. E NEWPORT RICHEY FL 34652-3754

						0/28	2003	
2. New Mailing Address					n	4. State/Country of Formation FL		
City, State, Zip					5. Date Organ	5. Date Organized or Qualified To Do Business in Florida 05/24/2002		
5609 US HIGHWAY 19 STE. E			ncipal Place of Business Address		6. FEI Number		Applied For XI Not Applicable	
NE	EWPORT RICHEY FL 34652	City, State, Z	City, State, Zip		7. S5.00 Additional Fee re		55.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
KISER, DIADRA K				Name				
3934 PASCAY CT HOLIDAY FL 34691				Street Address (P.O. Box Number is Not Acceptable)				
							541	
,				City 10/28/03 01010 014 ** 150 00				
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.								
Signature of Registered Agent Liads Strong REQUIRED REGISTERED AGENT MUST SIGN Date 10/20/03								
11. Names and Street Addresses of Each Managing Member/Manager								
Title(s)				et Address of Each City / Si			State / Zip	
Hanagun forthe	Diadra Kise	υ	3934 Pa	scay l	b	Holiday;	1134691	
Partner	Mark Krou	ik_	2560 Ra	nchoid	e Oir.	newfort Rich	91 34691 Ley 34655	
	,							
		,						
	REINSTATEMENT <u>3003</u>							
						<u> </u>		
12. certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. further certify that when								

filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

__ Date 10/20/0 R15ER____