## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	<u> </u>
CORPO	RATION
REINSTA	TEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

33166

04 JUN 23 AM 10: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

_	$\sim$	$\sim$	 ΛEΝ		 <b>-</b>

1. Corporation Name

EF PROPERTIES, INC.

2. Principal Office 6925 NW 42		3. Mailing Office 6925 NW 42		REINSTATEMENT 02-0		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 05-31-1988		
City & State MIAMI, FL	ž Ř	City & State MIAMI, FL		5. FEI Number	Applied For	
Zip	Country	Zip	Country	65-0068541 Not App		
33166	US	33166		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
	į	7. Name	7. Name and Address of Current Registered Agent			
	<sup>lme</sup> DHN J. FEELEY, JF	₹		<b>5000384</b> 3	12855 m	
Str 69	reet Address (P.O. Box Nur 25 NW 42 STREE	nber is Not Acceptable)	178152104 11012	101 257.11 - 00		
Su	ite, Apt. #, Etc.					
City MIAMI				State Zip Code		

Signature of Registered	Agent John Feely REGISTERED AG	ENT MUST SIGN	Date 06-22-04		
9. Name:	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		
PSTD	JOHN J. FEELEY, JR	6925 NW 42 STREET	MIAMI, FL 33166		
D	VICKI FEELEY	6925 NW 42 STREET	MIAMI, FL 33166		
			•		
	t.				

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.

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:

Dicke	teeley
NATURE AND TYPED	OR PRINTED NAME

06-22-04

SIGI F SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

5

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). THIS IS DUE TO A CHANGE OF MAILING/PRINCIPAL ADDRESS.

I AM IN THE PROCESS OF DOING A CLOSING AND WE JUST REALIZED THAT OUR COMPANY IS NOT ACTIVE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

VICKI FEELEY O DIRECTOR