

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 9:36

DOCUMENT # P6000000 65318

1. Corporation Name

Efficients, Inc.

2. Principal Office Address

3930 S Roosevelt Blvd

Suite, Apt. #, etc.

S-411

City & State

Key West

Zip

FL

Country

33040

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2000

5. FEI Number

65-1021807-

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100004658001--4

-10/29/01--01095--015

****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name

Russell S. DiPesa

Street Address (P.O. Box Number is Not Acceptable)

3930 S Roosevelt Blvd

Suite, Apt. #, Etc.

S-411

City

Key West

State

FL

Zip Code

33040

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

[Signature]

Date 10/2/2001

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	Russell S. DiPesa	same as above	

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)(g), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/2/2001

Daytime Phone #

(305) 296-1999

CR32001 (9/00)