

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02 0000 47615

1. Corporation Name

EFT E-Solutions, Inc.

2. Principal Office Address

11011 Sheridan St.

Suite, Apt. #, etc.

Ste. 213

City & State

Cooper City, FL

Zip

33026

Country

United States

3. Mailing Office Address

6891 Stirling Rd

Suite, Apt. #, etc.

Ste. 124

City & State

Davie, FL

Zip

33314

Country

United States

FILED

04 AUG -9 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT Q3-04

4. Date Incorporated or Qualified
To Do Business in Florida

4/30/02

5. FEI Number

45-0475359

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Neil F. Garfield, Esq.

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

11011 Sheridan St.

Suite, Apt. #, Etc.

Ste. 213

City

Cooper City, FL

State

FL

Zip Code

33026

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

Neil F. Garfield, Esq.

REGISTERED AGENT MUST SIGN

Date

8/4/04

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
Pres	Stacey Celidonia	10729 Edinburgh St	Cooper City, FL 33026

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:

Stacey Celidonia / Stacey Celidonia 8/4/04 954 885-6414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)