

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000127975**

1. Corporation Name

EFERG INC.

Principal Place of Business

**231 FRIEDIAN WAY
SANFORD FL 32773**

Mailing Address

**231 FRIEDIAN WAY
SANFORD FL 32773**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/2002

5. FEI Number

51-0437276

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FERGUSON, ESSEX	231 FRIEDIAN WAY	SANFORD FL 32773

100024057011
10/23/03--01084--028 **150.00

8. Name and Address of Current Registered Agent

**FERGUSON, ESSEX
231 FRIEDIAN WAY
SANFORD FL 32773**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/17/03

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., 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:

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

Date

10/17/03

Daytime Phone #

CR2E040 (7/03)

SABRINA D. COVINGTON
CERTIFIED PUBLIC ACCOUNTANT

October 16, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: **EFERG, INC.**
EIN: 51-0437276
2002 Corporate Annual Report

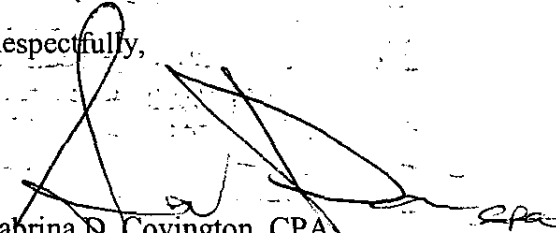
To Whom It May Concern::

Enclosed are the Company's 2002 Corporate Annual Report and a check in the amount of \$150.

The Company did not received the two prior uniform business report (UBR) notices. We ask that you accept the Company's check and abate the \$600 filing fee.

Thank you in advance for your prompt attention and consideration regarding this matter. I look forward to receiving your correspondence. Please contact me should you require additional information.

Respectfully,


Sabrina D. Covington, CPA


Essex Ferguson, President

Enclosures

2002 Corporate Annual Report

Check # 1503