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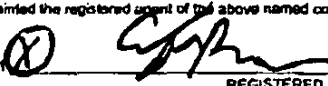
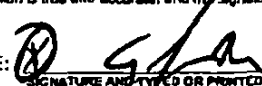
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000006452			
1. Corporation Name EFIGIL, CORP.			
2. Principal Office Address 570 NW 133 ST		3. Mailing Office Address 570 NW 133 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH MIAMI, FL		City & State NORTH MIAMI, FL	
Zip 33168	Country	Zip 33168	Country
4. Date Incorporated or Qualified To Do Business in Florida 01/17/2003		5. FEEL Number 02-0673708	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. Additional Fee Required for a Certificate of Status <input type="checkbox"/> \$3.75			

REINSTATEMENT
CR2E081 (12/05)

7. Name and Address of Current Registered Agent	
EFRAIM ROSNER	
Street Address (P.O. Box Number is Not Acceptable) 570 NW 133 ST	
Suite, Apt. #, Etc.	
City NORTH MIAMI	State / Zip Code FL 33168

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 		Date 2/9/06	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	EFRAIM ROSNER	570 NW 133 ST	NORTH MIAMI, FL 33168
V/D	JOSEFINA B. SOSA CONKLIN	570 NW 133 ST	NORTH MIAMI, FL 33168
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 contained in Chapter 119, 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: 		Date 2/9/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date / Daytime Phone #	

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

ATTN: TYRONE SCOTT

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2004 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

I HAVE A NEW MAILING ADDRESS PLEASE MAKE A NOTE OF IT.

CORDIALLY,



EFRAIM ROSNER
PRESIDENT