2005 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTATEMENT						FILED				
DOCUMENT # P03000065393						05 AUG 15 PM 12: 34					
1. Entity Name EFOR NORTH AMERICA, INC.										· ·	
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Principal Place		Mailing Address	_		- }			= × 1× 1 <b>/ 1</b>	· O.L.L., 1	COMBA	
3690 DATA DRIVE #204 3690 DATA DRIVE #204 TAMPA, FL 33613 TAMPA, FL 33613											
2. Principal Place of Business 3-Mailing Address						——					
Suite, Apt. #, etc. Suite, Apt. #, etc.						08052005	REIN-P	CR2E09	8 (6/04)		
Franklin Square NY City & State						4. FEI Number				plied For t Applicable	
Zip			Country			Certificate of Status Desired					
6. Name and Address of Current Registered Agent						7. Name and	ddress of New R	egistered Ag	ent		
LYONS, GARY W					Name						
311 SOUTH MISSOURI AVE CLEARWATER, FL 33756				Street Address (P.O. Box Number is Not Acceptable)							
				City					Zip Code		
		<u> </u>		<u> </u>				FL	<u>L`</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agenty or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Surrous, yeard or printing narmed registered apport and little of apportunities. (NOTE: Registered approximate property and printing property apportunity). DATE											
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FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.											
10.	OFFICERS AND D	DIRECTORS	11.				HANGES TO OFF	CERS AND E	PRECTORS	S IN 11	
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12. I hereby co	ertify that the information supplied with	this filing does not qualify for	the exe	Y-ST-ZIP emption state	ed in Se	ction 119.07(3)/i	), Florida Statutes.	I further certif	fy that the i	nformation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 on an attactory with an address, with all gifter like ampowered.											
SIGNATURE: Salvative Conference of Signature And Type On Printed On Printed On Diffect On Differt O											