

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000093318

Entity Name: E.F. SERVICES INC

FILED
Sep 29, 2009
Secretary of State

Current Principal Place of Business:

931 NORTH STATE RD 434
1201-266
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

931 NORTH STATE RD 434
1201-266
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 22-3939137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, FATIMA
931 NORTH STATE RD 434
1201-266
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

ORTIZ, FATIMA
4213 OLD TRAFFORD WAY
ORLANDO, FL 32810 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FATIMA ORTIZ

09/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORTIZ, FATIMA
Address: 1091 POST LAKE PLACE #101
City-St-Zip: APOPKA, FL 32703 US

Title: VP () Delete
Name: GARZON, EDUARDO
Address: 1091 POST LAKE PLACE #101
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ORTIZ, FATIMA
Address: 4213 OLD TRAFFORD WAY
City-St-Zip: ORLANDO, FL 32810 US

Title: VP (X) Change () Addition
Name: GARZON, EDUARDO
Address: 4213 OLD TRAFFORD WAY
City-St-Zip: ORLANDO, FL 32810 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FATIMA ORTIZ

P

09/29/2009

Electronic Signature of Signing Officer or Director

Date