

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 NOV -6 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28051

1. Corporation Name

ED FRIEND, INC.

Principal Place of Business

1150 18TH STREET, NW
SUITE 225
WASHINGTON DC 20036

Mailing Address

1150 18TH STREET, NW
SUITE 225
WASHINGTON DC 20036

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

02/02/1990

5. FEI Number

52-1659394

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	FRIEND, EDWARD H.	1150 18TH STREET #225	WASHINGTON DC 20036
S	FRIEND, ELEANOR B.	1150 18TH STREET #225	WASHINGTON DC 20036
D	CROWDER, A. N	159 EAST AVE	NEW CANAAN CT 06840
VD	MCCRORY, ROBERT T	1532 E MCGRAW ST	SEATTLE WA 98112
S	MCCRORY, KARI F	1532 E MCGRAW ST	SEATTLE WA 98112

8. Name and Address of Current Registered Agent

FRIEND, EDWARD H
16569 BAYVIEW RD #122
BOCA RATON FL 33434

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/29/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

202-785-4985

Date

Daytime Phone #



**Eastern Region and
Corporate
Headquarters**

1150 18th Street, N.W., Suite 225
Washington, D.C. 20036
202-785-4985 (Telephone)
202-463-0347 (Facsimile)
<http://www.efi-actuaries.com>

Daniel J. Beck

October 30, 2002

Department of State – Florida
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Uniform Business Report(UBR) – Notice of non-receipt of UBR Report notices for FEI # 52-1659394

To whom it may concern,

This letter serves as notice of non-receipt of notices related to the UBR for the 2003 filing year. We ask that the re-instatement fees be waived for this reason.

The company has provided payment in another correspondence (copy attached) of the current year filing fee. Please call me if any additional information is required to allow EFI actuaries business license to remain active for 2003.

Thank you for your help in this matter,


Dan Beck, CPA

Bookkeeper- EFI Actuaries

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