

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 17 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000038906

1. Corporation Name

Efficient Business Designs, Inc

2. Principal Office Address - No P.O. Box #

10185 Stonehenge Circle

Suite, Apt. #, etc.

1318

City & State

Boynton Beach, Florida

Zip

33437

Country

Palm Beach

3. Mailing Office Address

10185 Stonehenge Circle

Suite, Apt. #, etc.

1318

City & State

Boynton Beach, Florida

Zip

33437

Country

Palm Beach

REINSTATEMENT

06-08

4. Date Incorporated or Qualified
To Do Business in Florida 1996

5. FEI Number
65-0667673

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David McClellan

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

10185 Stonehenge Circle

Suite, Apt. #, Etc.

1318

City

Boynton Beach

State

FL

Zip Code

33437

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

David McClellan

REGISTERED AGENT MUST SIGN

Date March 12, 2008

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	David McClellan	10185 Stonehenge Circle #1318	Boynton Beach, Florida 33437

400120531004
03/17/08--01045--013 **\$450.00

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:

David McClellan

David McClellan

3/12/08

561-541-4944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #