PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION TO THE PORT OF THE PO			S	DEPART Secretary SION OF C	of St			FILED 07 AUG 13 PM 2:	
DOCUMENT # P97000009495 1. Corporation Name EF 5, Inc									inte åe ver E. Fl.S	ATE RIDA
2. Principal Office Address - No P.O. Box # 3. Mailing Of 6023 26th St. W 6023					ffice Address 26th St. W			REINSTATEMENT 05-07 08/23/05 90009 026 \$ 150.00		
Suite, Apt. #, etc. Suite, Apt. #, 6					etc.			4. Date Incorp	porated or Qualified	
City & State Bradenton FL				City & State Brade	City & State Bradenton FL			To Do Business in Florida 2 - 21 - 1997 5. FEI Number Applied For Not Applicable		
Zip Country USA			Zip Country 34207 U			usa Usa	6.	FICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
•		7. Nar	ne and Address	f Current Regis	tered Ager	rt				
Name Edmund Fridenberg Street Address (P.O. Box Number is Not Acceptable)								The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box you		
6023 26+h S+. W . Suite, Apt. #, Etc.								the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
civ Bradenton						State FL	Zip Code 34207			
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			
9. Names	and Street Ad	Idresses	of Each Officer an	d/or Director (Flo	rida nonpro	ofit corpo	orations must list at	least 3 directors)		
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			ch .	City / State / Zip	
P	Fridenberg, Edmund				6023 26th St W.			W.	Bradenton 1	FL 34207
V	Fridenberg, Elizabeth				6023 26th St W.			ω ,	Bradentor	, FL 3420=
	178/14				800107972668 08/13/0701050002 **900.00					58 **900.00
			- 							
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: Edward Findenberg 8/10/07 941-753-2343 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description Phone #										