

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 29 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082120

1. Corporation Name

EFN INVESTMENTS CORPORATION

4265 EAST 11 AVENUE

4265 EAST 11 AVENUE

2. Principal Office Address

4265 EAST 11 AVENUE

3. Mailing Office Address

4265 EAST 11 AVENUE

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33013

Country

Zip

33013

Country

400041439274
09/29/04--01022--004 **1350.00
REINSTATEMENT 0.00-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 09/23/1997

5. FEI Number
65-0781883

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

MARTHA PICHARDO

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

4265 EAST 11 AVENUE

Suite, Apt. #, Etc.

7

City

HIALEAH

State
FL

Zip Code
33013

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 08/18/2004

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
PD	MARTHA PICHARDO	4265 EAST 11 AVENUE	HIALEAH, FL 33013

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/18/2004

Date

Daytime Phone #

(305) 685-6127

CR2E081 (01/04)