

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

00-0108e

DOCUMENT # P98000007344

1. Corporation Name

E. F. Sub, Inc.  
7636 Old Bay Pointe Road  
Milton, FL 32583

2. Principal Office Address

7636 Old Bay Pointe Road

Suite, Apt. #, etc.

3. Mailing Office Address

7636 Old Bay Pointe Road

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

Zip

32583

Country

Santa Rosa

Zip

32583

Country

Santa Rosa

4. Date Incorporated or Qualified  
To Do Business in Florida

1/23/98

5. FEI Number

59-3594849

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

C. Dale Mansfield

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

7636 Old Bay Pointe Road

Suite, Apt. #, Etc.

City

Milton, FL 32583

State

FL

Zip Code

32583

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

Dale Mansfield

REGISTERED AGENT MUST SIGN

Date 4-20-01

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
D	C. Dale Mansfield	7636 Old Bay Pointe Road	Milton, FL 32583
			LS
			000004275420--0 -05/21/01--01203--020 ***300.00 ***300.00

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 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: x C. Dale Mansfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 850  
4/20/01 16231695  
Date Daytime Phone #

2003

E. F. SUB., INC.  
7636 OLD BAY POINTE ROAD  
MILTON, FL 32583  
850-623-1645

April 20, 2001

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

Dear Sir or Madam:

Enclosed is a Corporation Reinstatement application for E. F. Sub, Inc., along with payment of \$300 for the 2000 and 2001 filing fees.

There were some changes in the ownership structure of this company, and as a result, the 2000 Business Report was not received by the current owners, nor did they receive any notice that the corporation would be dissolved due to non-filing. This problem was discovered when the corporation's outside accountant began to prepare the 2000 income tax return and noticed that the annual fee had not been paid during 2000, leading to further inquiry and a visit to the Corporations Online web site.

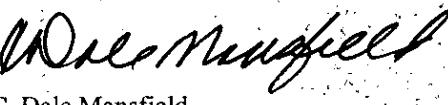
We request that the late fees for the corporation be waived in light of these circumstances. The company should not have any further changes or filing problems in the future.

Please note that a filing of the 2001 Business Report has already been made with payment of the standard \$150 fee. However, the department representative that assisted us this morning said that, given the dissolution, the report and payment would be returned, thus the payment enclosed covers both years.

Thank you for your consideration of this request. Please do not hesitate to contact us or our CPA Firm (Jane MacWhinnie or Donna Bloomer at 850-438-3622) if any further information is needed.

Very truly yours,

E. F. SUB., INC.

  
C. Dale Mansfield,  
Director