

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 10 PM 2:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000080779

1. Corporation Name

E.F.S. NATIONAL, INC.

2. Principal Office Address

808 WEST DE LEON STREET

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33606

Country

Hillsborough County

3. Mailing Office Address

P.O. Box 3308

Suite, Apt. #, etc.

City & State

Lake Wales FL 33859

Zip

33859

Country

Polk

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida

9-14-98

5. FEI Number

59-3534461

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

Robert K Eddy, Esquire

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

808 WEST DE LEON STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606-2722

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 6/8/00

REGISTERED AGENT MUST SIGN

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
Pres. Dir.	Stephen Vaughan	37 MK 2 Oak Ct Hill.	Lake Wales FL 33855

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-676-1848

CR2E081 (9/99)