

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 3:19

DOCUMENT # **P99000019470**

1. Corporation Name

E.F. IMPORT & EXPORT, INC.

Principal Place of Business

3108 NW 3RD AVE #4
POMPANO BEACH FL 33064

Mailing Address

3108 NW 3RD AVE #4
POMPANO BEACH FL 33064

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1426 SE 2ND AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1426 SE 2ND AVE

Suite, Apt. #, etc.

City & State
DEERFIELD BEACH, FL

Zip
33441

Country

City & State
DEERFIELD BEACH, FL

Zip
33441

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1999

5. FEI Number

65-0896034

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PVST | FAUSTINO, EROS N | 3108 NW 3RD AVE #4 | POMPANO BEACH FL 33064 |
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******750.00 ****750.00**

8. Name and Address of Current Registered Agent

FAUSTINO, EROS N
3108 NW 3RD AVE #4
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10.12.00**

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.12.00

Date

Daytime Phone #

CR2E040 (8/00)