

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

SEC. DIVISION  
06 OCT 10 PM 3:52

**DOCUMENT # 429730**  
1. Entity Name  
E.A.P. MANAGEMENT CORP.



Principal Place of Business  
2501 HOLLYWOOD BLVD.  
SUITE 220  
HOLLYWOOD, FL 33020

Mailing Address  
2501 HOLLYWOOD BLVD.  
SUITE 220  
HOLLYWOOD, FL 33020

**REINSTATEMENT** 06

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



10092006 REIN-P CR2E098 (11/05)

4. FEI Number  
59-1467601  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SOLOMON, DON R.  
2501 HOLLYWOOD BLVD.  
SUITE 220  
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOMON, DON R. 2501 HOLLYWOOD BLVD SUITE 220 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100080684121 10/10/06--01053--017 **158.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** VP 10/9/06 954 920 1802 x208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #