

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

2007 NOV 15 PK 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 9/1-07  
CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L56592

1. Corporation Name

EQUITY EQUALIZER INC.

2. Principal Office Address - No P.O. Box #

1499 SW 18 PLACE

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32608

Country

ALACHUA

3. Mailing Office Address

1499 SW 18 PLACE

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32608

Country

ALACHUA

4. Date Incorporated or Qualified To Do Business in Florida

03/08/1975

5. FEI Number

65-0191035

Applied

Not Applied

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PHILLIP J. PHANG

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

1499 SW 18 PLACE

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32608

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Phillip J. Phang  
REGISTERED AGENT MUST SIGN

Date

NOV-13-2007

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	FRANK PHANG	1499 SW 18 PLACE	GAINESVILLE FL 32608
VD	MADGE PHANG	1499 SW 18 PLACE	GAINESVILLE FL 32608
ST	FRANCINE PHANG	1499 SW 18 PLACE	GAINESVILLE FL 32608
MT	PHILLIP PHANG	1499 SW 18 PLACE	GAINESVILLE FL 32608

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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 contained in Chapter 119, 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:

Phillip J. Phang PHILLIP J. PHANG

NOV-13-2007

Date

Daytime Phone #

352-336-8852

11/20/07