


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -6 PM 3:09

DOCUMENT # P03000115049 1. Entity Name EP3 SYSTEMS INC.	
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Principal Place of Business 3061 SW 47 ST FT LAUDERDALE, FL 33312	Mailing Address 3061 SW 47 ST FT LAUDERDALE, FL 33312
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2. Principal Place of Business - No P.O. Box # 12525 Orange Drive Suite, Apt. #, etc. 703	3. Mailing Address 12525 Orange Drive Suite, Apt. #, etc. 703
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City & State Davie, FL	City & State Davie, FL
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Zip 33330	Country Broward	Zip 33330	Country Broward
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01292008 REIN-P CR2E098 (1/07)

4. FEI Number 83-0372695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMANIELLO, ANTHONY 3061 SW 47 ST FT LAUDERDALE, FL 33312	7. Name and Address of New Registered Agent Name Anthony Romaniello Street Address (P.O. Box Number is Not Acceptable) 12525 Orange Drive #703 City Davie FL Zip Code 33330

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: *Anthony Romaniello* DATE: 1/29/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	PRES	<input type="checkbox"/> Delete		TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMANIELLO, ANTHONY MR			NAME	Anthony Romaniello		
STREET ADDRESS	3061 SW 47 ST			STREET ADDRESS	3582 Southern Orchard Rd.		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312			CITY-ST-ZIP	Davie, FL 33328		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	C. CADIZ, MARIA B			NAME	Maria Bernardita Cadiz		
STREET ADDRESS	19427 N. COQUINA WAY			STREET ADDRESS	19427 N. Coquina Way		
CITY-ST-ZIP	WESTON, FL 33332			CITY-ST-ZIP	Weston, FL 33332		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Linda Romaniello		
STREET ADDRESS				STREET ADDRESS	3582 Southern Orchard Rd.		
CITY-ST-ZIP				CITY-ST-ZIP	Davie, FL 33328		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Anthony Romaniello* DATE: 1/29/08 954-321-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #