PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** [1.0] [1.0] [1.0] Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 562386 99 JUN -2 PH 2: 18 AM AR Epre, Inc TALLAÑASSCE FLORIDA Principal Place of Business Mailing Address 801 US#1 400002902144---7 -06/11/99--01062--026 DEQUESTA FL 33469 ******8.75 ******8.75 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 3-20-1 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State \$8.75 Additional Fee required Ζıp Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of State 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Pip 181 BEACON KADE | TUPITER FL 33469 ZAINO When MAKINYN ZAIND 181 BEACON LAVE TUPIER FL 33469 ANDREW ZAINO JR 181 BEACON LANE YU ANDREW ZAIND JK REINSTATEME 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent MACININ ZAINO Street Address (P.O. Box Number is Not Acceptable) 181 BEACN LANE 400002902144--06/11/99--01062--027 Tupiten FL 33469 ***1050 QQ_{e | 28} & 1050.00 the above gamed corporation, am familiar with and accept the obligations of Section 607.0505. F.S Signature of Registered Agent TERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information Yes 🔲 No 🔽 on intangible (ax.) Intangible Personal Property Tax due June 30. 12. Leaflify that Lam 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 filling 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 it made under oath. 930/99 561 746 8080

SIGNATURE: