

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED****CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 690550

1. Corporation Name

E.A.C CORP

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

12900 SW 71 Ave

Suite, Apt. #, etc.

City & State

Pinecrest, Florida

Zip

33156

Country

Miami-Dade

3. Mailing Office Address

12900 SW 71 Ave.

Suite, Apt. #, etc.

City & State

Pinecrest, Florida

Zip

33156

Country

Miami-Dade

7. Name and Address of Current Registered Agent

Name

Alvin H. Corenblum

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

12900 SW 71 Ave.

Suite, Apt. #, Etc.

City

Pinecrest

State

FL

Zip Code

33156

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

REGISTERED AGENT MUST SIGN

Date

6/10/08

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	Alvin H. Corenblum	12900 SW 71 Ave	Pinecrest, FL. 33156

SP 7/8

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/10/08

Daytime Phone #

305 253-9166

03 JUL -7 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA800131594238
06/23/08--01052--014 #450.00

REINSTATEMENT 06-08

4. Date incorporated or Qualified
To Do Business in Florida 06/16/19815. FEI Number
592125636

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status