

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 25 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K58189

1. Corporation Name

DEP Investments, Inc.

2. Principal Office Address

100 W. Cypress Creek Road

Suite, Apt. #, etc.

Suite 700

City & State

Ft. Lauderdale FL

Zip

33309

Country

US

3. Mailing Office Address

100 W. Cypress Creek Road

Suite, Apt. #, etc.

Suite 700

City & State

Ft. Lauderdale FL

Zip

33309

Country

US

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida 1/13/89

5. FEI Number
65-0092834

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Gerald Greenspoon

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

100 W. Cypress Creek Road, Suite 700

Suite, Apt. #, Etc.

City

Fort Lauderdale,

State
FL

Zip Code
33309

300006106073-4
-06/28/02--01053-024
****300.00 ****100.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 6/14/02

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
DP	David Epelbaum	100 W. Cypress Creek Rd, #700	Ft. Lauderdale FL 33309
S	Gerald Greenspoon	100 W. Cypress Creek Rd, #700	Ft. Lauderdale FL 33309

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 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 if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

6/14/02
Date

954-491-1120
Daytime Phone #

CR2E081 (9/01)