

**CORPORATION
REINSTATEMENT**



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000090584

1. Corporation Name

E.E.P.R., INC.

2. Principal Office Address

9200 S. Dadeland Boulevard

Suite, Apt. #, etc.

Suite 700

City & State

Miami, Florida

Zip

33156

Country

USA

3. Mailing Office Address

9200 S. Dadeland Boulevard

Suite, Apt. #, etc.

Suite 700

City & State

Miami, Florida

Zip

33156

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651113548

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
Jerry Green

Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Boulevard

Suite, Apt. #, Etc.
Suite 700

City
Miami

State
FL

Zip Code
33186

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

4/2/04

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
P	Eduardo Pubill Rivera	Marginal San Agustin KM 1,8	Rio Piedras, PR 00923
VP	Edgardo Pubill Rivera	Marginal San Agustin KM 1,8	Rio Piedras, PR 00923
ST	Maritza Pubill Rivera	Marginal San Agustin KM 1,8	Rio Piedras, PR 00923

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

3-29-04

Date

Daytime Phone #