

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 APR 16 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO0000100801

1. Corporation Name
ee Owned Inc.

2. Principal Office Address
1121 NE 11th Ave.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

Zip Country
33304 USA

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT

01-08

4. Date Incorporated or Qualified
To Do Business in Florida 10/25/2000

5. FEI Number 65-1048754
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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee,

State Zip Code
FL 32301

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 Laura R. Dunlap
REGISTERED AGENT MUST SIGN

Laura R. Dunlap
as its agent

Date 4/16/02

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
Presid	Eric M Eife	1121 NE 11th Ave	Fort Lauderdale, Fl 33304
VP	Stefan Schwing	1121 NE 11th Ave	Fort Lauderdale, Fl 33304

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: Eric M Eife
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric M Eife/Pres.

Date 4-11-02 Daytime Phone # 703-926-3001

CR2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 521141 7332519

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 908.75

ORDER DATE : April 10, 2002

ORDER TIME : 11:55 AM

ORDER NO. : 521141-025

CUSTOMER NO: 7332519

CUSTOMER: Mr. Eric Eife
Ee Owned, Inc.
Aparment 610
1954 Columbia Road Nw
Washington, DC 20009

DOMESTIC FILINGS

NAME: EE OWNED INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
02 APR 16 PM 1:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA