

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 OCT 22 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025288

1. Corporation Name

EPROCESSLINK, CORP.

2. Principal Office Address

172 West Flagler Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 320

City & State

Miami, Florida

City & State

Zip

33130

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/12/01

5. FEI Number

01-0613277

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

Angell Corporate Services, Inc.

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

One North Clematis Street

Suite, Apt. #, Etc.

Suite 400

City

West Palm Beach

DOS-4580453-1888888796
DEPOSIT ONLY 120.75
10/22/02-01108-007
900008520059
10/22/02-01108-008 **758.75
FL 33401

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] VP of Angell Corporate Services, Inc. Date 10/21/02

REGISTERED AGENT MUST SIGN

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/D	Allen Rosenthal	172 W. Flagler Street, Suite 320	Miami, FL 33130
S/T/D	Dorothy Caplan	172 W. Flagler Street, Suite 320	Miami, FL 33130
D	Stephen Caplan	172 W. Flagler Street, Suite 320	Miami, FL 33130

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]
Signature and Typed or Printed Name of Signing Officer or Director
Allen Rosenthal

Date

10/14/02 305.345.3138

Daytime Phone #

CR2E081 (9/01)

EDWARDS & ANGELL, LLP

COUNSELLORS AT LAW

since 1894

ONE NORTH CLEMATIS STREET, SUITE 400
WEST PALM BEACH, FL 33401-5552
(561) 833-7700
FAX (561) 655-8719

Karen M. Savignac, CLA
Direct Dial: (561) 820-0261
Direct Fax: (800) 432-5298
E-Mail: ksavignac@ealaw.com

October 21, 2002

VIA FED EX MAIL

Division of Corporations
Attn: Reinstatement Section
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

Re: **eProcessLink, Corp.**
Client Matter No. 46107.0001

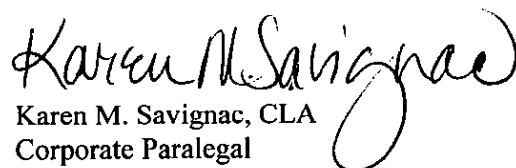
Dear Sir or Madam:

Enclosed herewith please find the executed Corporation Reinstatement form in connection with the above-referenced entity, together with a check in the amount of **\$758.75**, representing the following reinstatement fees:

\$600.00	Reinstatement Fee
\$ 61.25	Annual Report Fee (for 2002)
\$ 88.75	Supplemental Fee (for 2002)
<u>\$ 8.75</u>	Certificate of Status
\$758.75	TOTAL

Please file this document and return a Certificate of Status. Thank you for your assistance in this regard. If you have any questions, please do not hesitate to contact me.

Sincerely,


Karen M. Savignac, CLA
Corporate Paralegal

Encls.

cc: Mark M. Kamp, Esq.