

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

DOCUMENT # P01600098786

1. Corporation Name

EBER CORPORATION

2. Principal Office Address

100 SE 5th AVE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

Zip

33432

Country

USA

3. Mailing Office Address

411 OAK ST.

Suite, Apt. #, etc.

3RD FL.

City & State

Cincinnati, OH.

Zip

45219

Country

USA

REINSTATEMENT

02-04
MIZ

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/01

5. FEI Number

31-1808641

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

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation, FL

State

FL

Zip Code

33324

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

Susan J. Metz

Susan J. Metz

Assistant Secretary

Date

7/15/04

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
<u>Pres</u>	<u>Brandon Blatt</u>	<u>528 Milton St.</u>	<u>Cint. OH 45202</u>
<u>V.P.</u>	<u>Edwin Blatt</u>	<u>100 SE 5th AVE</u>	<u>Boca Raton FL 33432</u>
<u>(Sec/Treas)</u>	<u>Rick Blatt</u>	<u>992 Hatch St</u>	<u>Cinti OH. 45202</u>

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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]

Richard S. Blatt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/04

Date

(513) 984-1800 ext 6

Daytime Phone #