

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 JUL 31 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01-000098786

1. Corporation Name

Eber Corporation

2. Principal Office Address - No P.O. Box #

100 S.E. 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 floor

City & State

Cincinnati OH

Zip

45219

Country

USA

CR2E081 (1/07)

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

Zip Code

FL

33324

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Anthony LiCausi

REGISTERED AGENT MUST SIGN

Anthony LiCausi
Vice President

Date 7-27-07

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
Pres	Brandon Blatt	528 Milton St	Cincinnati OH 45202
V.P	Edwin Blatt	100 S.E. 5 th Ave	Boca Raton FL 33432
Sec	Richard Blatt	992 Hatch St	Cincinnati OH 45202

600106878236
07/31/07--01021--019 **458.75

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 contained in Chapter 119, 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:

Richard S Blatt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/16/07 513-984-1800

Daytime Phone #

ext 100

Richard S Blatt

8/1/07