PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 30 AM 11:51

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DOCUMENT # P01000117721

REINSTATEMENT 04-09

1. Corporation Name

NEP, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1300 E. HILLSBORO BLVD.	400 LEBEAU
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.:
City & State: DEERFIELD BEACH, FLA.	City & State: MONTREAL, QUEBEC
Zip: 33441 Country: U.S.A	Zip: H4NIR6 Country: CANADA

4. Date Incorporated or Qualified To Do Business in Florida: 12/12/2001

5. FEI Number: 260006302 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: STEPHEN M. BLACKBURN

Street Address (P.O. Box Number Is Not Acceptable): Attorney at Law

Suite, Apt. #, Etc.: 412 N.E. 4th STREET

City: FORT LAUDERDALE State: FL Zip Code: 33301

☑ 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: Stephen M. Blackburn Date: Oct. 28, 2009

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	ZEV KOPEL	105 SILVERBIRCH DOLLARD DES ORMEAUX	PQ, CANADA H9A2L4
V/D	JASON STRAUSS	8440 CHARLIES CREEK RD.	HIAWASSEE, GEORGIA 30546
D	LOUIS STRAUSS	3575 BEAUSEJOUR	MONTREAL, QUEBEC CANADA H4K-1W5
T/D	BIAGIO DILORENZO	400 LEBEAU ST. LAURENT	PQ, CANADA H4N1R6

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: BIAGIO DILORENZO Oct 29, 2009 514 333-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #