

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

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12/03/03--01007--016 **750.00

DOCUMENT # P02000007546

1. Corporation Name
EPIRE FACTORS CORP

2. Principal Office Address
911 N. MAIN ST
Suite, Apt. #, etc. STE 5
City & State KISSIMMEE
FLORIDA
Zip 34744 Country OSCOLA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1/22/02

5. FEI Number 01-0586961
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 LUIS DAVILA
Street Address (P.O. Box Number is Not Acceptable) 911 N. MAIN ST.
Suite, Apt. #, Etc. 5
City KISSIMMEE State FL Zip Code 34744

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]* Date 11/25/03
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
Pres.	CARLOS GUZMAN	P.O. Box 1141 JAMAICA NEW YORK 11431	JAMAICA, NY 11431

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]* - CARLOS GUZMAN Date 11/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #