


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000115049		
1. Entity Name EP3 SYSTEMS INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -6 PM 3:09

Principal Place of Business 3061 SW 47 ST FT LAUDERDALE, FL 33312	Mailing Address 3061 SW 47 ST FT LAUDERDALE, FL 33312
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2. Principal Place of Business - No P.O. Box # 12525 Orange Drive	3. Mailing Address 12525 Orange Drive
Suite, Apt. #, etc. 703	Suite, Apt. #, etc. 703

City & State Davie, FL	City & State Davie, FL
Zip 33330	Country Broward



01292008 REIN-P CR2E098 (1/07)

4. FEI Number 83-0372695	Applied For Not Applicable
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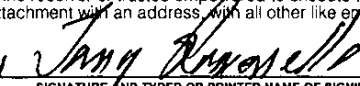
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROMANIELLO, ANTHONY 3061 SW 47 ST FT LAUDERDALE, FL 33312	7. Name and Address of New Registered Agent Name Anthony Romaniello Street Address (P.O. Box Number is Not Acceptable) 12525 Orange Drive #703 City Davie FL Zip Code 33330
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 1/29/08

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROMANIELLO, ANTHONY MR 3061 SW 47 ST FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Anthony Romaniello 3582 Southern Orchard Rd. Davie, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D C. CADIZ, MARIA B 19427 N. COQUINA WAY WESTON, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maria Bernardita Cadiz 19427 N. Coquina Way Weston, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Romaniello 3582 Southern Orchard Rd. Davie, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300117245123 02/06/08--01013--009 **\$600.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 1/29/08 954-321-6300