2008 FOR PROFIT CORPORATION REINSTATEMENT

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REINSTATEMENT								FILED				
DOCUMENT # P03000115049 1. Entity Name EP3 SYSTEMS INC.							SECRETARY OF STATE DIVISION OF CORPORATIONS					
EP3 515	I EIVIS IIV	IC.					081	FEB -6 PM	3: 09			
Principal Place of Business Mailing Address												
3061 SW 47	ST	•	3061 SW 47 ST									
FT LAUDERD	ALE, FL 33	312	FT LAUDERDALE, FL 33312			 		II (PR1)IR1 E1	II ESIII SIEIS IZ			
Principal Place of Business - No P.O. Box # 3. Mailing Address												
1252	5 Ora	nge Drive	12525 Orang	2525 Orange Drive				I DENN EIRIT SENTE DENN DAN	61 381 1681 O		ITABI II IBBI	
Suite, Apt.	#, etc.		Suite, Apt. #, etc. 703			01292008	REIN-P	CR2E	098 (1/07)			
	e,,FL		City & State Davie, FL Zip Country				4. FEI Number 83-0372			No	oplied For ot Applicable	
\$33330 Country Broward			Zip 33330	oward	rd 5. Certificate of Status Desired			\$8.75 Additional Fee Required				
6. Name and Address of Current F					7. Name and Address of New Registered Agent					<u> </u>		
Name									ogistereu A	-gani		
An+h.							hony Romaniello Idress (P.O. Box Number is Not Acceptable) 25 Orange Drive #703					
3061 SW 4			Street A	ddress (P.O. Box Number	r is Not Acceptable	¥703					
FT LAUDERDALE, FL 33312						12525 Orange Drive #703						
						City Zip Code						
Davie									FL	13333	0	
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 Signature, typed or profed name of registered agent and titled applicable. (NOTE: Registered Agent signature required when reinstating)												
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice										F.S., the		
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10.	PRES	OFFICERS AND I		11.				CHANGES TO OFF				
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STREET ADDRESS	"					PRES Change Addition Anthony Romaniello 3582 Southern Orchard Rd.						
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12. Thereby certify that the information supplied with this filling 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 employed ed 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 employment.												
1100/00/05/1 201 / 200												
SIGNATURE: VIII SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date District Proof 8												