

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL -9 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000144457

1. Corporation Name

E & P Real Estate Investors, Inc.

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

221 N. Hogan St #343

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

FL

Country

32202

3. Mailing Office Address

221 N. Hogan St #343

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

FL

Country

32202

300132589983
07/09/08--01031--002 ***450.00

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida 12/04/2003

5. FEI Number
34-1976637

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

S.W.J. Financial Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

221 N Hogan St. #343

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

☒ 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

REGISTERED AGENT MUST SIGN

Date 7/7/08

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
PSTD	Elton Patterson	221 N. Hogan St. #343	Jacksonville, FL 32202

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:

Elton Patterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/08

Date

904-635-8092

Daytime Phone #