PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 MAY 10 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT Office Use

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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-05/22/02--01059--030
****700.00 ****700.00

DOCUMENT # P95000079720

1. Corporation Name
EptaACE Inc.

2. Principal Office Address	**3.** Mailing Office Address
4313 DAVIE Rd	4313 SW 64 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE fla USA	City & State: DAVIE fla. USA
Zip: 33314 Country: BROWARD	Zip: 33314 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 11-1994-?

5. FEI Number 650613905 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Paul thileym

Street Address (P.O. Box Number is Not Acceptable): 11844 NW 11Ct.

Suite, Apt. #, Etc.:

City: CORAL SPRINGS State: FL Zip Code: 33071

CR2E081 (9/01)

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: Paul Thileym Date: 4/11/02

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	Emilio Pizzolini	4049 SW 3St.	Plantation, fla 33317
V.PRES	Pamela Bastos Pizzolini	4049 SW 3St.	Plantation fla 3331

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.

954)

SIGNATURE: Pamela B Pizzolini 4/10/02 581-0023

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

EPTRCE INC.

P.O. BOX 4606
HOLLYWOOD, FL 33083
Office 954-792-6864 Fax 954-584-2778

To Whom It May Concern:
I am sending in $550.00 for the late charge and reinstatement of my corporation Eptrace Inc. Also $150 for the renewal for this years corporation fees. As per Barbara I'm sending you this letter to inform you that the $150.00 that I sent in last year was not accepted ck#8715 and only recently found that the check was never cashed. So please accept my late fee and reinstate my Corporation Eptrace Inc. as I was unaware of this until recently. If there are any questions please call me at 954-792-6864.

Thanking you in Advance,
Pam Praolini

P.S. 5/6/02
This was returned to me by Justine she told me to Resend it again