

CORPORATION REINSTATEMENT



FILED
02 FEB 15 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

E Pay Corp.

2. Principal Office Address

8401 N.W. 17th Street
Suite, Apt. #, etc.

City & State
Miami, Florida

Zip	Country
33126	

3. Mailing Office Address

2958 Medinah
Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL.

Zip	Country
33326	USA

4. Date Incorporated or Qualified
-- To Do Business in Florida - 07/29/99

5. FBI Number
65-0944420

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

Joseph F. Costigan

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

2958 Medinah

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code

33326

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**

Date 1/25/02

REGISTERED AGENT, MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Tiles

**Name of
Officers and/or Directors****Street Address of Each Officer and/or Director**

City / State / Zip

P/D	Joseph F. Costigan	2958 Medinah	Ft. Lauderdale, FL 33326
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VP/S Roberto Moreno	8401 N.W. 17 Street	Miami, FL. 33126
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~~CONFIDENTIAL~~

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph E. Costigan, President

01 / 25 / 02

Date _____

(516) 627-8200

Daytime Phone #

C92508; (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 319715 4725154

AUTHORIZATION

COST LIMIT : \$ 900.00

Patricia Pizeto

ORDER DATE : February 4, 2002

ORDER TIME : 10:03 AM

ORDER NO. : 319715-005

CUSTOMER NO: 4725154

CUSTOMER: Howard Mann, Esq
Howard Mann, Esquire
Suite 13
10 Esquire Road
New City, NY 10956

DOMESTIC FILINGS

NAME: E PAY CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

RECEIVED
02 FEB -5 AM 10:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
EXAMINER'S INITIALS
TAMARA E. GORDON