

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 NOV -3 PM 3:03

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J87843

1. Corporation Name

E.P. I.S., Inc.

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

1640 NW 17 Avenue

Suite, Apt. #, etc

City & State

Miami, FL

Zip

33125

Country

U.S.A.

3. Mailing Office Address

8357 W. Flagler St.

Suite, Apt. #, etc

#128

City & State

Miami, FL

Zip

33144

Country

U.S.A.

CR2E081 (10/08)

4. Date Incorporated or Qualified To Do Business in Florida

65-0027484

5. FEI Number

65-0027484

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

Jose L. Galleno

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

1640 NW 17 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/20/08

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
D	Galleno, J. L.	1640 NW 17 Ave.	Miami, FL 33125
D	Galleno, Elizabeth	1640 NW 17 Ave.	Miami, FL 33125
D	Galleno, Luis	1640 NW 17 Ave.	Miami, FL 33125

000137583210

11/13/08-01075-012-\*\*\*300.00

12/12/06 01/03 0/0

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/08

Date

3059041272

Daytime Phone #