

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # **L000000002725**

1. Limited Liability Company's Name

EPIC - LLC

2. Principal Office Address

1700 Pahl Court

Suite, Apt. #, etc.

City & State

FT Walton Beach, FL

Zip Country

32547 USA

3. Mailing Office Address

1700 Pahl Court

Suite, Apt. #, etc.

City & State

FT Walton Bch, FL

Zip Country

32547 USA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3637221

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Abdou Louah

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

1700 Pahl Court

Suite, Apt. #, Etc.

City

FT Walton Beach

State

FL

Zip Code

32547

200004689162-6

-11/20/01-01044-002

******155.00 ****155.00**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Abdou Louah

Date

11.2.01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

mgrm Louah, Abdou - 1700 Pahl Court - FTWB, FL 32548

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Abdou Louah

Date

11.2.01

Daytime Phone#

(850) 864-1214

Typed or printed name of signing Managing Member/Manager **Abdou Louah**

CR2E041 (9/01)