

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 FEB 17 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000000029**

1. Limited Liability Company's Name

Epiphany Marketing, Limited Liability Company

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
7492 Deer Crossing Court

Suite, Apt. #, etc.

City & State  
Sarasota, FL

Zip  
34240

Country  
USA

3. Mailing Office Address  
P O Box 5919

Suite, Apt. #, etc.

City & State  
Sarasota, FL

Zip  
34277

Country  
USA

4. State/Country of Formation  
Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida 12/28/2001

6. FEI Number  
65-1146208

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
David G. Johnson

Street Address (P.O. Box Number is Not Acceptable)  
7492 Deer Crossing Court

Suite, Apt. #, Etc.

City  
Sarasota

State Zip Code  
FL 34240

☐ A \$100 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 \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date FEB 12, 2009

**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	David G. Johnson	7492 Deer Crossing Court	Sarasota, FL 34240
			100143810151 02/17/09--01038--029 **521.25

**REINSTATEMENT**

07-09

2/18/09

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., and 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

Date 2/12/2009

Daytime Phone# 816-563-7317

Typed or printed name of signing Managing Member/Manager David G. Johnson, Managing Member