

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:06

DOCUMENT # L03000041722

1. Limited Liability Company's Name

Epic Investment Properties, LLC

000080313870
03/29/06--01069--015 **200.00

CR2E041 (8/05)

2. Principal Office Address

928 Lake Marion Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 151234

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

Zip

32715

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

10/29/2003

6. FEI Number

200345582

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

Ellen Yarckin

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

928 Lake Marion Dr.

Suite, Apt. #, Etc.

City

Altamonte Springs, FL

State

FL

Zip Code

32701

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

Ellen Yarckin
REGISTERED AGENT MUST SIGN

Date 9/22/06

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	Brandon Yarckin	928 Lake Marion Dr.	Altamonte Springs, FL
MGR	Ellen Yarckin	928 Lake Marion Dr.	Altamonte Springs, FL

REINSTATEMENT 05-06

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

Ellen Yarckin

Date 9/19/2006

Daytime Phone # 407-831-6625

Typed or printed name of signing Managing Member/Manager Ellen Yarckin