

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 17 PM 2:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**500182270615
06/17/10--01051--005 **\$21.25**

CR2E041 (05/10)

DOCUMENT # L06000017399

1. Limited Liability Company's Name

Epic Realty LLC

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

1268 Pebble Beach Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1268 Pebble Beach Rd.

Suite, Apt. #, etc.

City & State

Tobyhanna PA.

City & State

Tobyhanna PA.

Zip

18466

Country

Monroe

Zip

18466

Country

Monroe

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **2/10/2006**

6. FEI Number

14-1951575

☐ 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

Carl G. Santangelo & Associates, P.A.

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

3000 North Federal Highway

Suite, Apt. #, Etc.

Building 2, Suite 200

City

Ft. Lauderdale,

State

FL

Zip Code

33306

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

Date

6/15/10

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
MM	Howard Graves	1268 Pebble Beach Rd.	Tobyhanna PA. 18466

JB

REINSTATEMENT 2008-10

11. E-mail Address: **hglaves@verizon.net**

(To be used for future annual report notifications)

12. 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

Date **6/10/2010**

Daytime Phone # **570-894-1114**

Typed or printed name of signing Managing Member/Manager **Howard Graves**