

**LIMITED LIABILITY
COMPANY'
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 OCT -9 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000099026

1. Limited Liability Company's Name

Epic Global Solutions, LLC

CR2E041 (1/11)

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

8110 CR 44 Leg A

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34788

Country

USA

3. Mailing Office Address

8110 CR 44 Leg A

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34788

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/10/2006

6. FEI Number

141983053

☐ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Ismail A. Ismail

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

8110 CR 44 Leg A

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34788

E-mail Address:

000240560530
10/08/12--01033--015 **521.25

ismail2rph@aol.com

(To be used for future annual report notices)

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 10-3-2012

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
MGR	Akram Ismail	8110 CR 44 Leg A	Leesburg, FL 34788

REINSTATEMENT 2010-2012 DB

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date

Daytime Phone #

10-3-2012

Typed or printed name of signing Managing Member/Manager