

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED

01 MAR 13 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000120

1. Limited Liability Company's Name

E.P.C.AMERICA OF COLORADO LIMITED LIABILITY  
COMPANY

2. Principal Office Address

3356 NW 78th Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33122

Country

USA

3. Mailing Office Address

3356 NW 78th Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33122

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

12-29-98

6. FEI Number

52-2147785

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$300 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LORENZO LUACES JR.

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

7677 SW 79th Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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 3-8-01

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	E.P.C. AMERICA LIMITED LIABILITY, COMPANY	3356 NW 78th Avenue	Miami, FL 33122

**REINSTATEMENT** *03-01*  
*dec*

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

Date 3-8-01

Daytime Phone# (305) 629-2020

TERESA LUACES

Typed or printed name of signing Managing Member/Manager

CR2E041 (8/00)