

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 # L99000000122

1. Limited Liability Company's Name
E.P.C. AMERICA OF DALLAS 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

52-2147784

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

1000038548217-9

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 for the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

X

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

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

Teresa Luaces

Date 3-8-01

Daytime Phone# (305) 629-2020

Typed or printed name of signing Managing Member/Manager

TERESA LUACES

CR2041 (9/00)