

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

17 MAR -8 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000003661

1. Limited Liability Company's Name
EPIC PERSONNEL PARTNERS, LLC

2. Principal Office Address - No P.O. Box #
6655 WEST SAHARA AVENUE

Suite, Apt. #, etc.
A218

City & State
LAS VEGAS, NV

Zip Country
89146 USA

3. Mailing Office Address
4848 LANDMARK WAY

Suite, Apt. #, etc.

City & State
DUBLIN, CA

Zip Country
94568 USA

CR2E041 (1/14)

4. State/Country of Formation
NEVADA

5. Date Organized or Qualified
To Do Business in Florida 5/12/2015

6. FEI Number
46-3456667

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
BUSINESS FILINGS INCORPORATED

Street Address (P.O. Box Number is Not Acceptable) Suite,
1200 SOUTH PINE ISLAND ROAD

Apt. #, Etc.

City
PLANTATION

State Zip Code
FL 33324

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Mary Jo Spalinger, Asst-Secretary*
REGISTERED AGENT MUST SIGN

Date 2-24-17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	GINA STORK	4848 LANDMARK WAY	DUBLIN, CA 94568

11. E-mail Address: pjehlecpa@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member *Gina Stork* Date 2/23/17

Daytime Phone # (510) 866-3494

Typed or printed name of signing authorized representative/member GINA STORK