

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 29 PM 2:52

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10000006984

1. Corporation Name

EpICenter Life Productions

REINSTATEMENT 2011

000215644710
12/29/11--01030--009 **236.25

CR2E081 (11/10)

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

11653 Central Pkwy

3. Mailing Office Address

11653 Central Pkwy

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32224

Country

Duval

Zip

32224

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/10

5. FEI Number

☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cindi Siegel

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

11653 Central Pkwy

Suite, Apt. #, Etc.

5-205

City

Jacksonville

State

FL

Zip Code

32224

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Cindi Siegel

Date 12/27/2011

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	David Spires	8401 Southside Blvd 716	Jacksonville FL 32256
VP	Charles Christopher	11653 Central Pkwy 205	Jacksonville FL 32224
T	Cindi Siegel	708 116th Ave S	Jacksonville Beach FL 32250

CC 12/29

10. E-mail Address: cindiepicenterlife.org

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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:

Cindi Siegel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/11 9045992431

Date

Daytime Phone #