PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -3 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100024376621
11/03/03--01036--022 **750.00

REINSTATEMENT 03

DOCUMENT # P01000020761

1. Corporation Name

EPIC HOME SERVICES, INC.

2. Principal Office Address	3. Mailing Office Address
3224 ARDEN VILLAS BLVD.	3224 ARDEN VILLAS BLVD.
Suite, Apt. #, etc.: SUITE #23	Suite, Apt. #, etc.: SUITE #23
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32817 Country: ORANGE	Zip: 32817 Country: ORANGE

4. Date Incorporated or Qualified To Do Business in Florida: 3/1/2001

5. FEI Number: 59-3701184 ☐ 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: THOMAS BENNETT

Street Address (P.O. Box Number is Not Acceptable): 3224 ARDEN VILLAS BLVD.

Suite, Apt. #, Etc.: SUITE #23

City: ORLANDO State: FL Zip Code: 32817

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: [signature] Date: 10-29-03

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	THOMAS BENNETT	3224 ARDEN VILLAS BLVD. SUITE #23	ORLANDO, FL 32817
V	MICHAEL BROOKS	3224 ARDEN VILLAS BLVD. SUITE #23	ORLANDO, FL 32817
S	SEAN BROOKS	3224 ARDEN VILLAS BLVD. SUITE #23	ORLANDO, FL 32817

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] THOMAS BENNETT - PRESIDENT 10-29-03 407-736-9120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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