

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PD1000066355*

1. Corporation Name *L'EPI, INC*

REINSTATEMENT *02-03*

200024181222
11/06/03--01046--004 **300.00

2. Principal Office Address
75E INDIANTOWN RD

3. Mailing Office Address
75E INDIANTOWN RD

Suite, Apt. #, etc.
SUITE 608

Suite, Apt. #, etc.
SUITE 608

City & State
JUPITER

City & State
JUPITER

Zip Country
FL 33477

Zip Country
FL 33477

4. Date Incorporated or Qualified
To Do Business in Florida
JULY 5 2001

5. FEI Number
65-1121863

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

MYRIAM RUWET

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

75E INDIANTOWN RD #608

Suite, Apt. #, Etc.

#608

City

JUPITER

State
FL

Zip Code

33477

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 *11-3-3*

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
<i>P</i>	<i>MYRIAM RUWET</i>	<i>75E INDIANTOWN RD #608</i>	<i>FL 33477</i>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-3

Date

561-743-8789

Daytime Phone #