

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -9 PM 12:42

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000005204

1. Corporation Name

EPIC ACQUISITION CORP.

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

1001 Brickell Bay Drive

3. Mailing Office Address

1001 Brickell Bay Drive

Suite, Apt. #, etc.

3000

Suite, Apt. #, etc.

3000

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

Zip

33131

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/15/2002

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

NRAI SERVICES, INC.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Ste. 4

City

Weston

State

FL

Zip Code

33331

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Danila Mahoney, D.D.S.
REGISTERED AGENT MUST SIGN

Date 9/29/08

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
D	Ted Fernandez	1001 Brickell Bay Drive 3000	Miami, FL 33131
S	Frank Zomerfeld	1001 Brickell Bay Drive 3000	Miami, FL 33131
D	Robert Ramirez	1001 Brickell Bay Drive 3000	Miami, FL 33131

REINSTATEMENT 06-08

PO 10/14/08

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 contained in Chapter 119, 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:

Frank Zomerfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #