PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 OCT 10 A 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT #

1. Corporation Name

Epic Acquisition Holdings, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1001 BRICKELL BAY DRIVE		1001 BRICKELL BAY DRIVE	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
STE 3000		STE 3000	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. Date Incorporated or Qualified To Do Business in Florida
01/15/2002

5. FEI Number — X 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
Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Rd.

Suite, Apt. #, etc
221E

City	State	Zip Code
Palm Beach Gardens	FL	33410

600385607505
10/15/19--01003--003 **1135.00

600385607505
10/09/19--01004--004 **1050.00

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: Kristen Espinales, Special Secretary
REGISTERED AGENT MUST SIGN

Date: 10/9/2019

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	FERNANDEZ, TED	1001 BRICKELL BAY DRIVE, STE 3000	MIAMI, FL 33131
S	ZOMERFELD, FRANK	1001 BRICKELL BAY DRIVE, STE 3000	MIAMI, FL 33131
D	RAMIREZ, ROBERT	1001 BRICKELL BAY DRIVE, STE 3000	MIAMI, FL 33131

10. E-mail Address: govdocs@corpcreations.com
(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: Kristen Espinales, Attorney-in-Fact — 10/09/2019 — 561-694-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OCT 1 - 2019