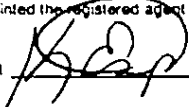
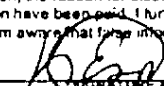


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name Epic Acquisition Holdings, Inc.			
2. Principal Office Address - No P.O. Box # 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. STE 3000 City & State MIAMI, FL Zip 33131 Country USA		3. Mailing Office Address 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. STE 3000 City & State MIAMI, FL Zip 33131 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 01/15/2002		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 Corporate Creations Network Inc. Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Rd. Suite, Apt. #, etc. 221E City Palm Beach Gardens State FL Zip Code 33410			
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 Date 10/9/2019 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
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 Date 10/09/2019 561-694-8107 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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TALLAHASSEE, FLORIDA

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