

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 PM 1:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000076718

1. Corporation Name

EPPS CONSTRUCTION COMPANY, INC.

Principal Place of Business

2863 NE 26 CT
FT LAUDERDALE FL 33306

Mailing Address

2863 NE 26 CT
FT LAUDERDALE FL 33306



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/2002

5. FEI Number

050522753

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SRAMOWICZ, PETER	2863 NE 26 CT	FT LAUDERDALE FL 33306
VTS	PATTI, ERNIE	2863 NE 26 CT	FT LAUDERDALE FL 33306
			400023815374 10/15/03--01040--005 **150.00

8. Name and Address of Current Registered Agent

GEORGE, JOHN G ESQ
THE ADVOCATE BLDG 1ST FLOOR
315 SE 7 ST
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-8-03

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

Daytime Phone #

CR2ED40 (7/03)

October 9, 2003

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Notice Of Administrative
Dissolution or Revocation

To Whom It May Concern:

We acknowledge receipt of the "State of Florida Department of State Certificate of Administration Dissolution or Revocation."

Please be advised that our records indicate that we never received the two prior uniform business report notices.

We have contacted the Florida Department at (850) 245-6059 and were instructed to complete the enclosed reinstatement form and send it with a check payable in the amount of \$150.00 for reinstatement.

It is our understanding that a notice will be sent to EPPS in January of 2004 to advise of next year's submission of a corporation annual report/uniform business report.

Should there be any questions, please contact me at 954-205-5517.

Very Truly Yours,
EPPS Construction Company, Inc.

Ernest Patti
Vice President

Cc: P. Sramowicz