

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 27 AM 8:02

KS

DOCUMENT # P05000161813

1. Corporation Name

Epicureans Inc.

900183717339
07/27/10--01038--007 **1200.00

REINSTATEMENT 07-10
CR22081 (6/10)

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

8660 GLADIOLUS DR.

3. Mailing Office Address

8660 GLADIOLUS DR.

Suite, Apt. #, etc.

STE 106

Suite, Apt. #, etc.

STE 106

City & State

Fort Myers

City & State

Fort Myers

Zip

33908-4106

Country

USA

Zip

33908-4106

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/12/2005

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

Lupu, Sorin

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

8660 Gladiolus Dr.

Suite, Apt. #, Etc.

Ste 106

City

Ft. Myers

State

FL

Zip Code

33908-4106

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

REGISTERED AGENT MUST SIGN

Date 6/10/2010

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
Mgr	Lupu, Sorin	8660 Gladiolus Dr. ste 106	Ft. Myers, FL, 33908-4106

10. E-mail Address: sjl333@yahoo.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/2010

Date

239-694-1800

Daytime Phone #