## PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

·	FLEASE INLAD	ALL INSTITU	CHONS	DEI OILE C		NO IIIO I	JI XIVI.		
REINSTATEMENT S			PARTMEN etary of St of corpor	ate	FILED 09 MAR -6 AM 11: 06				
DOCUMENT # P06000067928  1. Corporation Name  EPIC 4312 CORP.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Office Address - No P.O. Box #       3. Mailing Office Address - No P.O. Box #         2665 S. BAYSHORE DRIVE       2665 S. B			ffice Address AYSHORE DRIVE		CR2E081 (12/08)				
Suite, Apt. #, etc.         Suite. Apt. #.           SUITE 906         SUITE 90					4. Date Incorporated or Qualified To Do Business in Florida 05/15/2006				
City & State COCONUT GROVE FL COCO			te NUT GROVE FL		<b>5.</b> FEI Number 20487802	r		Applied For	
Zip 33133	Country USA	<sup>Zip</sup> 33133	Count	•	6. CERTIFICATE	OF STATUS DESIRED		tional Fee require	
	7. Name and Address o	f Current Registered	Agent						
Name JORGE L. GURIAN					☐ 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				
Street Address (P.O. Box Number is Not Acceptable) 2665 S. BAYSHORE DRIVE									
Suite, Apt. #, Etc.									
SUITE 906			State Zip Code		fee be	waived.			
COCONUT GF	ROVE		FL	33133					
8. I, being appointed	the registered agent of the abo	ve named corporation	n, am famillar v	vith and accept the c	bligations of section	on 607.0505 or 617.0	0503, F.S.		
Signature of Registered Agent					Date 3/5/09				
	( /. ) R	EGISTERED AGENT	MUST SIGN					<u> </u>	
9. Names and Street	Addresses of Each Officer and	d/or Director (Florida I				Γ		<u> </u>	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
PSD FELIC	FELICIA M ESCOBAR VASQUEZ		2665 S. BAYSHORE DRIVE		/E STE 906	STE 906 COCONUT GROVE, FL 33133			
					03708/0901005020 **450.00				
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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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELICIA M VASQUEZ

3/5/09

305-279-4101

Date

Daytime Phone #

March 5, 2009

Division of Corporations State of Florida Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: EPIC 4312 CORP. (P06000067928)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for EPIC 4312 CORP. The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2007, 2008 or 2009. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2007, 2008 & 2009.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very txuly yours,

ELICIA M ESCOBAR VESQUEZ

Enclosure