## Page & Z PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Sec	EPARTMENT OF STATE cretary of State in of corporations		FILED SECRETARY OF STATE DIVISION OF COMPGRATIONS  09 OCT -9 PM 4: 38	
DOCUMENT # P06000072355  1. Corporation Name  EPIC PH 4504 CORP.				<b>4</b> (	00161549044 9/0901048005 **450.00	
2665 S. BAYSHORE DR.         2665 SO           Suite, Apt. #, etc.         Suite, Apt. #           STE 906         SUITE 9           City & State         City & State           COCONUT GROVE FL         COCONUT           Zip         Country         Zip		Suite, Apt. #, etc. SUITE 906 City & State COCONUT Zip	GROVE FL	CR2E081 (12/08)  4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number 20-4927220  Applied For Not Applicable		
33133	USA	33133	USA	CERTIFICATE	FOR STATUS DESIRED for a Certificate of State	
Street Add 2665 S Suite, Apt. SUITE			☑ The receiv		sinstatement fee is imposed, except in stances which the entity did not receive or notices. By checking this box, you entifying the prior notices were noted and requesting the reinstatement waived.	€ u t
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN					bligations of section 607.0505 or 617.0503, F.S.  Date 10/08/09	
9. Names	s and Street Addresses of Each Officer a	and/or Director (Florida	a 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	
PSP	TORMASOPETPUZZELIA		2665 SOUTH BAYSHORE DR.		COCONUT GROVE, FL 33133	
DS	JOSE A ARELLANO		2665 SOUTH BAYSHORE DR.		COCONUT GROVE, FL 33133	
DS	ONOFRIO Petruezzella		2665 SOUTH BAYSHORE DR.		COCONUT GROVE, FL 33133	
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:  TORMASO P TRIDENTE 10-08-09 305-279-4101						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date Daytime Phone #	- 1

October 8, 2009

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

Re: EPIC PH 4504 CORP. (P06000072355)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for EPIC PH 4504 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 truly yours,

JORGE L. GURIAN

TORMASO P TRIDENTE

Enclosure

Changes were made per Mike Rodriguez on October 9, 2009 By Margutta Willas

## Williams, Marquitta K.

From: jgurian@gurianlaw.com

**Sent:** Friday, October 09, 2009 4:09 PM

To: Williams, Marquitta K. Subject: EPIC PH 4504 CORP.

Good morning;

As per our conversation, the name changes that need to be done are:

Tomaso Petruzzella- PSD

Jose A Arellano- DS

Onofrio Petruzzella-DS

the address stays the same- 2665 S. Bayshore Drive ste 906 Coconut Grove FL 33133

If you can please let me know when you have processed it. If the changes can go up today that would be perfect.

Best regards,

Mike Rodriguez

JORGE L. GURIAN P.A. 305-279-4101