

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT 12 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P09000075824**

1. Corporation Name

EPG Management

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

11285 Timbercrest Rd

Suite, Apt. #, etc.

3. Mailing Office Address

11285 Timbercrest Rd

Suite, Apt. #, etc.

City & State

Spring Hill FL

Zip

34608

Country

USA

City & State

Spring Hill FL

Zip

34608

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/2009

5. FEI Number

270914587

☐ 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

Jessica Parker

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

11285 Timbercrest Rd

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34608

09/27/12 01002003

35.00

000240754750

10/12/12--01039--008 **715.00

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

10/05/12

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
P	Jessica Parker	11285 Timbercrest Rd	Spring Hill FL 34608
VP	Richard Banville	11285 Timbercrest Rd	Spring Hill FL 34608

REINSTATEMENT

12 OCT 15 2012

T. SCOTT

10. E-mail Address:

jparker@usabg.net

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/12 904 568 5159

Date

Daytime Phone #