

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 DEC 27 PM 12:33

DOCUMENT # P11000009275

**1. Corporation Name**

E.P.S. of Tampa Bay Inc.

# REINSTATEMENT 2012

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

1416 Glenmere Dr.

Suite, Apt. # etc.

### 3. Mailing Office Address

Same

Suite, Apt. #, etc.

City &amp; State

Brandon, 71

Zip

33511

COUNTRY

U.S.A.

40

Country

7. Name and Address of Current Registered Agent

Name Ryan Harrington Sr.

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

1416 Glenmere Dr.

Surge, Apt. 8, Etc.	
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City Brandon, FL

State

FL

**Zip Code**

3351

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**

Date 12/26/12

**REGISTERED AGENT MUST SIGN**

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

<b>Title</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
President	Ryan C. Harrington Sr.	1416 Glenmere Dr.	Brandon, FL 33511
		Approved by B. Dunlap and B. Tadlock	DEC 27 2012  T. CAULEY

10. E-mail Address: elitepropertyServices@hotmail.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., 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 an application 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

12/26/12

~~CONFIDENTIAL~~