

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

96 OCT 30 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000005063**

1. Corporation Name

**EP INDUSTRIES CORPORATION**

Principal Place of Business

Mailing Address

3253 BURNTHILL DR  
SUITE 316  
WILMINGTON NC 28403  
US

5553 W WATERS AVE  
SUITE 316  
TAMPA FL 33634

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1992

5. FEI Number

59-3195338

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	FISHER, ARTHUR W III	5553 W WATERS AVE SUITE 316	TAMPA FL 33634
			900001997329--7 -11/06/96-01028-008 ***147.50 ***147.50
			900001997329--7 -11/06/96-01028-009 ***175.00 ***175.00
			900001997329--7 -11/06/96-01028-010 ***61.25 ***61.25

8. Name and Address of Current Registered Agent

FISHER, ARTHUR W III  
5553 W WATERS AVE  
SUITE 316  
TAMPA FL 33634

9. Name and Address of New Registered Agent

Name

Erroll Pullen

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

5553 W. Waters Ave

Suite, Apt. #, Etc.

Suite 316

City

Tampa

State

FL

Zip Code

33634

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date 092796

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/27/96

910-763-7792