	PLEASE READ	ALL INST	RUCTIONS	BEFORE O	COMPLET	ING THIS F	ORM.		
APPLICA FOR REINSTATI	TION	FLORIDA	DEPARTME Sandra B. Mor Secretary of S VISION OF CORPORATION	NT OF STATE tham State	7	EL accordance			
DOCUMENT # <b>P96000103989</b> 1. Corporation Name					99 AUG 25 AM (1: 40				
E.P.T. GENERAL CONTRACTOR INC.					SECREMANY OF STATE TALLAHASSEE, FLORIDA				
)	· ·				_ '	ALLANASSEE	a r LUKIDA		
Principal Place of Business Mailing Add 4413 SW 20TH ST 4413 SW 20TH					1 ( <b>100)(00</b> ) (	ia iana simi asin asin aa	AI MAN CANDO MINO MONTO M	ini mo est	
HOLLYWOOD FL 33023		4413 SW 20TH ST HOLLYWOOD FL 33023							
	re incorrect in any way, line th				REIN	STATEN	ien i y	2-44	
			New Mailing Office Address, If Applicable			Date incorporated or Qualified     To Do Business in Florida     01/01/1997			
Suite, Apt. #, etc.  City & State		City & State	Suite, Apt. #, etc.			15-02020	A.	pplied For	
Zip Country		Zip Country		·	6. CERTIFICATE OF STATUS DESIRED SP.75 Art fatomat Fr. or spored				
7. Names and Street	Addresses of Each Officer and	I/or Director (Flori	de poporofit cornora	tions must list at lea	<u> </u>	E OF STATUS DESIRED	for a Certitic.	ite of Status	
Title(s)		Street Address of Ear Officer and/or Direct				City / State / Zip			
PRES MORRIS Thoma			3 (Do NOT Use		ambers) Av	4			
800002977 -09/02/99-0 ****500.00 							<del>9901106</del> ).00 ****\$( <del> 77808</del> - 9901106	001 00.00 3	
8. Na	ame and Address of Current	Registered Ager	ıt		9. Name and	Address of New Reg	istered Agent		
THOMAS, MORRIS 4413 SW 20TH ST HOLLYWOOD FL 33023				Name Walk! New AS Street Address (P.O. Box Number is Not Acceptable) Solite, Apt. #, Etc.  City Fells mers  State Zip Code FI 32948					
10. I, being appointed	the registered agent of the	ve named corpor	ation, am familiar wi		MERE bligations of Sect		1. = 1/-1	70	
Signature of Registered Agent	Mallis He	EGISTERED AGE	NT MUST SIGN		<del></del>	Date 6-	29-99		
11. This corp Intangible	oration owes or he Personal Proper	as paid the ty tax due	current yea June 30.	Yes 🗆	No 🖾	(See	other side for informa on intangible tax.)	ation	
this reinstatement a owed by the corpora	n officer or director or the rece application, the reason for diss ation have been paid and the s true and accurate, and my s	olution has been e names of Individu ignature shall have when the control of the RINTED NAME OF SI	timinated, the corpo als listed on this for a the same legal effe GNING OFFICER OR I	rate name satisfies in do not qualify for	the requirements an exemption un	of section 607.0401	or 617.0401, F.S., the	at all fees	
	MARRIS	Thoma	15						