


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # P97000043082**

1. Corporation Name

**EPI 12885, INC.**

Principal Place of Business

2699 COLLINS AVENUE #107 & 108  
MIAMI BEACH FL 33140

Mailing Address

2699 COLLINS AVENUE #107 & 108  
MIAMI BEACH FL 33140

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/15/1997

5. FEI Number

65-0734772

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

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	BAKKER, PIETER	2699 COLLINS AVENUE #107 & 108	MIAMI BEACH FL 33140

8. Name and Address of Current Registered Agent

SAAVEDRA, JOSE A ESQ  
1428 BRICKELL AVENUE  
8TH FLOOR  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name  
Pieter Bakker

Street Address (P.O. Box Number is Not Acceptable)  
2699 Collins Avenue

Suite, Apt. #, Etc.  
107-108

City  
Miami Beach

State  
FL

Zip Code  
33140

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]*

**NOTARIAL SEAL REQUIRED**

REGISTERED AGENT MUST SIGN

Date

12/27/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pieter Bakker

12-27-98 (305)538-1799

Date

Daytime Phone #

APPROVED AND FILED  
98 DEC 30 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 98**

CR2E040 (9/98)