

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
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	4. City / State / Zip
D	BAKKER, PIETER	2699 COLLINS AVENUE #107 & 108	MIAMI BEACH FL 33140

400003070464-3
-12/15/99-01014-014
*****758.75 ***758.75**

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

**SAAVEDRA, JOSE A ESO
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 607.0605, F.S.

Signature of
Registered Agent

REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/29/99**

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., 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 29/99 305-495-3610
Date Daytime Phone #