

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000054032

1. Corporation Name

EPI 1755, INC.

Principal Place of Business

Mailing Address

2699 COLLINS AVE., STE. 107-108
MIAMI BEACH FL 33140

2699 COLLINS AVE., STE. 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

3. New Mailing Office Address, If Applicable

333 41st Street
Suite, Apt. #, etc.
Suite 900
City & State
Miami Beach, FL
Zip
33140 Country
USA

333 41st Street
Suite, Apt. #, etc.
Suite 900
City & State
Miami Beach, FL
Zip
33140 Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1997

5. FEI Number

65-0764511

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 AVE., STE. 107-108	MIAMI BEACH FL 33140
D	Dardashti, David	3770 Chase Ave	33140 Miami Beach, FL
D	Bronstein, Hillel	16 West 36th St.	New York, NY 10018
D	Dardashti, Irene	3770 Chase Ave	Miami Beach, FL 33140
			900002766279--1 -02/05/99--01053--017 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

SAAVEDRA, JOSE A
1428 BRICKELL AVE., 8TH FL.
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
David Dardashti
Street Address (P.O. Box Number is Not Acceptable)
333 41st Street
Suite, Apt. #, Etc.
Suite 900
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

REGISTERED AGENT MUST SIGN

Date

2/1/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

305-531-6885
Daytime Phone #

CR2E040 (9/98)