

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 98-99
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris.
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 97000091473

1. Corporation Name

EPICA ADVERTISING, INC.

Principal Place of Business

Z MARSHA G. MADORSKY
2665 S. BAYSHORE DRIVE
SUITE 603
MIAMI, FL. 33133

Mailing Address

Z MARSHA G. MADORSKY
2665 S. BAYSHORE DRIVE
SUITE 603
MIAMI, FL. 33133

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

10/23/97

5. FEI Number

65-0825162

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Prs.	Jose Pimentel	3361 S.W. 3rd Avenue	Miami, FL. 33129
			300002823649--6 -03/30/99--01061--011 ****900.00 ****900.00
Trs.	Ivor Bamberger	3361 S.W. 3rd Avenue	Miami, FL. 33129
Sec.	Joyce Beber	3361 S.W. 3rd Avenue	Miami, FL. 33129

8. Name and Address of Current Registered Agent

MARSHA G. MADORSKY, ESQ.
2665 S. BAYSHORE DRIVE, SUITE 603
MIAMI, FL. 33133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code
FL

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 3-16-99

11. This corporation owes 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)(b), 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

38-99

305 856-9800