

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 17 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000019971**

1. Corporation Name

EPOCH ENTERPRISES CORPORATION

2. Principal Office Address

5423 Creeping Hammock Drive
Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34231

Country

USA

3. Mailing Office Address

5423 Creeping Hammock Drive
Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34231

Country

USA

REINSTATEMENT

09-00

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/98

5. FEI Number

65-0821225

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Smith, Carl III

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

5423 Creeping Hammock Drive

Suite, Apt. #, Etc.

600003219716-6

-04/24/00--01029--006

*****908.75 ***908.75**

City

Sarasota

State

FL

Zip Code

34231

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Carl Smith, III
REGISTERED AGENT MUST SIGN

Date **04/04/2000**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Smith, Carl III	5423 Creeping Hammock Drive	Sarasota FL 34232
D	Smith, Julie	5423 Creeping Hammock Drive	Sarasota FL 34232

10. 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:

Carl Smith, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/2000

Date

KE
941-927-8670
Daytime Phone #