PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED

00 APR 18 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P98000071525

1. Corporation Name
EPIC POWERS, INC

2. Principal Office Address	3. Mailing Office Address
3741 SUNNY ISLES BLVD	3741 SUNNY ISLES BLVD
Suite, Apt. #, etc. 1113	Suite, Apt. #, etc. C/O LOUIS VERNELL #1113
City & State SUNNY ISLES, FLA	City & State SUNNY ISLES, FLA
Zip 33160 / Country DADE	Zip 33160 / Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 8/17/98

5. FEI Number — 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: LOUIS VERNELL

Street Address (P.O. Box Number is Not Acceptable): 3741 SUNNY ISLES BLVD

Suite, Apt. #, Etc.: SUITE #1113

City: SUNNY ISLES, State: FL, Zip Code: 33160

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: [signature] Date: 4/17/00

REGISTERED AGENT MUST SIGN

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
P	LOUIS VERNELL	3741 SUNNY ISLES BLVD	SUNNY ISLES FL 33160
			600003212346--9 -04/18/00--01038--006 ****900.00 ****900.00
			600003212346--9 -04/18/00--01038--007 ******8.75 ******8.75

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: [signature] 4/17/00 $18.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #