

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 12 PM 2: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S98488**

1. Corporation Name

EPIS INTERIORS, INC.

Principal Place of Business

Mailing Address

9745 SW 16 TH ST
MIAMI FL 33165
US

8262 64 ST
MIAMI FL 33166
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10393 SW 88th ST

3. New Mailing Office Address, If Applicable

8161 NW 74 AVE

4. Date Incorporated or Qualified To Do Business in Florida

12/06/1991

Suite, Apt. #, etc.
APT U 8

Suite, Apt. #, etc.

5. FEI Number

65-0201282

Applied For

City & State

MIAMI FL

City & State

MEDLEY FL

Not Applicable

Zip

33173

Country

USA

Zip

33164

Country

USA

CERTIFICATE OF STATUS DESIRED

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
P	GELCYS PERAZA	10393 SW 88th U-8	MIAMI FL 33173
			200002006682--3 -11/18/96--01007--007 ****383.75 ****383.75

8. Name and Address of Current Registered Agent

RODRIGUEZ, CARLOS A.
9745 SW 16 ST.
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name
D GELCYS PERAZA
Street Address (P.O. Box Number is Not Acceptable)
10393 SW 88th ST U 8
Suite, Apt. #, Etc.
APT U 8
City
MIAMI
State
FL
Zip Code
33173

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

SIGNATURE REQUIRED

Date

9/27/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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 REQUIRED GELCYS PERAZA

Date

Daytime Phone #

11/1/96

305 5599643

REINSTATEMENT