

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 8:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023039

Name and Mailing Address

0007137 01 AT 0.292 **AUTO T7 0 0615 33166-644734

EUROPROJECTS L.L.C.
4634 N.W. 74TH AVENUE
MIAMI FL 33166-6447



2. New Mailing Address 2550 NW 72 Avenue, Suite 205		4. State/Country of Formation FL	
City, State, Zip Miami, FL 33122		5. Date Organized or Qualified To Do Business in Florida 09/05/2002	
Principal Place of Business 4634 N.W. 74TH AVENUE MIAMI FL 33166	3. New Principal Place of Business Address 2550 NW 72 Ave, #205	6. FEI Number 61-1428476	Applied For <input type="checkbox"/> Not Applicable
	City, State, Zip Miami, FL 33122	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent ZANNIER, LUIGI 4634 N.W. 74TH AVENUE MIAMI FL 33166		9. Name and Address of New Registered Agent Name Zannier, Luigi Street Address (P.O. Box Number is Not Acceptable) 2550 NW 72 Ave, #205 City Miami FL Zip Code 33122	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent SIGNATURE REQUIRED Date 11-12-03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ZANNIER, LUIGI	4634 N.W. 74TH AVENUE 2550 NW 72 Ave, #205	MIAMI FL 33166 Miami, FL 33122
700024866307 11/20/03--01004--021 **150.00			
REINSTATEMENT 2003			

CR2E0B4 (7/03)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **SIGNATURE REQUIRED** Date **11-12-03** Daytime Phone # **305 640 1991**

Typed or printed name of signing Managing Member/Manager **Luigi Zannier**