

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 AUG 12 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050059

1. Limited Liability Company's Name

Eurostiles LLC

W/14-47576

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

811 Montrose Dr

3. Mailing Office Address

811 Montrose Dr.

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

Venice

City & State

Venice

Zip

34293

Country

FI

Zip

34293

Country

FI

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-0475036

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Paul Nosek

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

811 Montrose Dr

Suite, Apt. #, Etc.

103

City

Venice

State

FL

Zip Code

34293

300262870753
07/31/14--01022--001 **932.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

8/8/2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<u>Mgr.</u>	<u>Paul Nosek</u>	<u>811 Montrose Dr #103</u>	<u>34293 Venice FI</u>

REINSTATEMENT

AUG 12 2014

R. HUNT

11. E-mail Address: xpalon@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Handwritten Signature]

Date

8/8/14

Daytime Phone #

941/807 1980

Typed or printed name of signing Authorized Representative/Manager

Paul Nosek