

PLEASE READ ALL INSTRUCTIONS BEFORE CO



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REINSTATEMENT

09/25/14--01010--009 \*\*635.00

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P12000033182					
1 Corporation Name <b>EURO INTERIORS, INC</b>					
2. Principal Office Address - No P.O. Box # 1221 BRICKELL AVE Suite, Apt. #, etc. SUITE 660 City & State MIAMI, FLORIDA			3. Mailing Office Address Suite, Apt. #, etc. City & State		
Zip 33131	COUNTRY USA	Zip	Country		
4. Date incorporated or qualified To Do Business in Florida 04/05/2012			5. FEI Number 45-4887421		
6. CERTIFICATE OF STATUS DESIRED			\$8.75 Additional Fee Required for a Certificate of Status		
7. Name and Address of Current Registered Agent					
Name DALE REED					
Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVE					
Suite, Apt. #, etc. SUITE 660					
City MIAMI					
STATE FL		Zip Code 33131			
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 			Date 09/23/14		
REGISTERED AGENT MUST SIGN					
9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
CEO	JOHN YANOPOULOS	1221 BRICKELL AVE	MIAMI FLORIDA 33131		
AGENT	DALE REED	1221 BRICKELL AVE	MIAMI FLORIDA 33131		
10. E-mail Address: Joseph.Geluso@y-group.com (To be used for future annual report notification)					
11. 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., and that all fees owed by the corporation have been paid. I further certify, 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 in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S.					
SIGNATURE: 		DATE 10/13/14		EXPIRES PHOTO 305-769-3777	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

OCT 15 PM 2:29

OCT 15 2014  
C. CARROTHERS