PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

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97 FEB -3 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083886

1. Corporation Name

Eurospares USA, Inc.

Principal Place of Business

6175 N.W. 153rd. Street
Suite 215
Miami Lakes, Fl 33014

Mailing Address

-SAME-

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

900002079469---0
-02/06/97--01009--014
****375.00 ****375.00

900002079469---0
-02/06/97--01009--015
****540.00 ****540.00

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business In Florida: 11/1/95

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

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	Grethe H. Bielefeldt	6175 N.W. 153rd. Street Suite 215	Miami Lakes, Fl 33014
S	Grethe H. Bielefeldt	6175 N.W. 153rd. Street Ste 215	Miami Lakes, Fl 33014
T	Grethe H. Bielefeldt	6175 N.W. 153rd. Street Suite 215	Miami Lakes, Fl 33014

REINSTATEMENT 96-97

A. Allen 2/3/97

8. Name and Address of Current Registered Agent

Sheldon Evans, P.A.
6175 N.W. 153rd. Street
Suite 215
Miami Lakes, Fl 33014

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (6/95)

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: Sheldon Evans as registered agent — REGISTERED AGENT MUST SIGN

Date: 1/30/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ] (See other side for information on Intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Grethe H Bielefeldt — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/30/97

Daytime Phone #

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[redacted]

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Eurospares USA, Inc.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
6175 N.W. 153rd. Street, Ste 215

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
Miami Lakes, Fl 33014

5b City, state, and ZIP code

6 County and state where principal business is located
Dade, Fl

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶
Grethe H. Bielefeldt, Passport No. 250939-0412

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN) ___
- ☐ REMIC ☐ Personal service corp.
- ☐ State/local government ☐ National guard
- ☐ Other nonprofit organization (specify) ___ (enter GEN if applicable) ___
- ☐ Other (specify) ▶ ___
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator-SSN ___
- ☒ Other corporation (specify) import/export
- ☐ Federal government/military ☐ Church or church controlled organization
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ FL

State: FLORIDA

Foreign country:

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶ import/export
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
November 1, 1995

11 Enter closing month of accounting year. (See instructions.)
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶ unknown

13 Enter highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter "0."* ▶

Nonagricultural	Agricultural	Household
2		

14 Principal activity (See instructions.) ▶ import/export marine products/equipment

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☒ Business (wholesale)
☒ Public (retail) ☐ Other (specify) ▶ ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(305) 557-6060

Name and title (Please type or print clearly.) ▶ Grethe Bielefeldt, Pres.

Signature ▶ Grethe Bielefeldt Date ▶ 1/30/97

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying