

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

AND  
FILED

1998 JAN -9 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000081796**

1. Corporation Name  
**EURODISC, INC.**

Principal Place of Business  
**5650 PINE TREE DRIVE  
MIAMI BEACH FL 33140**

Mailing Address  
**5650 PINE TREE DRIVE  
MIAMI BEACH FL 33140**



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. <b>5423 NORTH BAY ROAD</b>		Suite, Apt. #, etc. <b>5423 NORTH BAY ROAD</b>		<b>10/03/1996</b>	
City & State <b>MIAMI BEACH, FL</b>		City & State <b>MIAMI BEACH, FL</b>		5. FEI Number <b>22 3479970</b>	
Zip <b>33140</b>		Zip <b>33140</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSTD	POGUNTKE, ELIZABETH E	<del>5650 PINE TREE DRIVE</del> <b>5423 NORTH BAY ROAD</b>	MIAMI BEACH FL 33140
	POGUNTKE,		
			<b>600002398036--4</b>
			<b>-01/13/98--01030--029</b>
			<b>****900.00 ****900.00</b>

**REINSTATEMENT**

07-98  
1/7/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~KORN, GARY A  
20803 BISCAYNE BLVD.  
SUITE 200  
AVENTURA FL 33180~~

Name **STUART REED, ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**HISTORIC CITY HALL, 6TH FLOOR**  
Suite, Apt. #, Etc.  
**1130 WASHINGTON AVENUE**  
City **MIAMI BEACH** State **FL** Zip Code **33139**

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 **Stuart Reed**  
REGISTERED AGENT MUST SIGN

Date **10/29/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(i), 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:

**Elizabeth Eugene Poguntke**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/98**  
Date

**(305) 868-8775**  
Daytime Phone #

CR20040 (8/97)