

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

03 OCT 22 AM 10:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F02000002062**

1. Corporation Name

EUROPEAN CARPENTRY & PAINTING, INC.

Principal Place of Business

419 Anderson Dr
226-B US HWY 98 EAST
DESTIN FL 32541

Mailing Address

419 Anderson Dr
226-B US HWY 98 EAST
DESTIN FL 32541



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.		Suite, Apt. #, etc.		04/22/2002	
City & State		City & State		5. FEI Number	
Zip		Country		58-2563801	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	4. City / State / Zip
PC	CZERWIEN, JOSEF	1887 SHALIMAR DRIVE	ATLANTA GA 30345
VVC	BERMAN, ALEKSANDR	2035 SHALIMAR DRIVE	ATLANTA GA 30345
TSD	CZERWIEN, ANNA	1887 SHALIMAR DRIVE	ATLANTA GA 30345

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CZERWIEN, ANNA 226-B US HWY 98 EAST DESTIN FL 32541 419 Anderson Dr.	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/20/03

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03 (850) 654-8994

CR2E040 (7/03)