

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 26 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09182007 REIN-P CR2E098 (1/07)

DOCUMENT # F04000004092 1. Entity Name EUROPEAN OF GEORGIA, INC. <i>European, Inc. 8/6/07</i>			
Principal Place of Business 4990 STACK BLVD. MELBOURNE, FL 32901		Mailing Address 1955 LAKE PARK DRIVE, STE. 400 SMYRNA, GA 30080	
2. Principal Place of Business - No P.O. Box # 1955 Lake Park Drive Suite, Apt. #, etc. 400		3. Mailing Address Suite, Apt. #, etc. City & State SMYRNA GA	
City & State SMYRNA GA		4. FEI Number 58-2099652	
Zip 30080		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP VP COUVARAS, BASIL 1955 LAKE PARK DRIVE, STE. 400 SMYRNA, GA 30080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP VP/COO 500109958305 09/26/07--01034--003 **150.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP CFO BECKER, MICK 1955 LAKE PARK DRIVE, STE. 400 SMYRNA, GA 30080	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP CFO/Treasurer Jeff Wiggins 1955 Lake Park Drive, STE 400 Smyrna, GA 30080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP President/CEO Jerry Couvaras 1955 Lake Park Drive, STE 400 Smyrna, GA 30080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP Secretary James P. P. Durr 1955 Lake Park Drive, STE 400 Smyrna, GA 30080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9/18/07 770-805-4895 <small>Daytime Phone #</small>	

9/28/07