

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2017 MAY 22 PM 12:40

CLERK OF THE SECRETARY OF STATE  
1117 N. W. 15th St., Ft. Lauderdale, FL 33304

**DOCUMENT #** F15000005234

1. Corporation Name

EUM US Inc.

2. Principal Office Address - No P.O. Box #

1035 NE 125TH ST

3. Mailing Office Address

1035 NE 125TH ST

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

Sep. 23, 2016

5. FEI Number

98-0601517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33224

300299539703

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

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D & C	John Funch	HJULMAGERVEJ 6	DK - 7100 VEJLE - DENMARK
P & S	Uffe Steen Kristiansen	1035 NE 125TH ST SUITE 300	NORTH MIAMI, FL 33161
T	Andreas Quvang Jepsen	1035 NE 125TH ST SUITE 300	NORTH MIAMI, FL 33161
<b>REINSTATEMENT</b>			
MAY 22 2017			
R. HUNT			

10. E-mail Address: AQJ@FAIRWIND.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 s.817.155, F.S.

**SIGNATURE:**

*Andreas Quvang Jepsen*

Andreas Quvang Jepsen

05-18-2017 | 14:36 EDT

281-812-4150 x301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B408BCB9EAD1447...

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 5-22-17  
ACCT. I20160000072

*en: c SW*

Name:	<u>EUM Inc.</u>
Document #:	<u>F15000005234</u>
Order #:	<u>10476453</u>

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

RECEIVED STATE  
DEPARTMENT OF STATE  
MAY 22 AM 11:08

Filing:	<u>X</u>	Certified:
		Plain:
		COGS:

Please return  
a cert copy  
of reinstatement w/  
this.  
Thanks!

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 900.00

8.75 cert.  
copy

908.75

Thank you!

MAY 22 2017

R. HUNT