

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

1997 AUG 29 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F9400000 0258**

1. Corporation Name **JENAN CORP.**

(On Jan. 26, 95 this corp. changed its name to E.U. Marketing Inc. - FL. amend. filed today)

Principal Place of Business
6860 Gulfport Blvd. S.
St. Petersburg, FL 33707

Mailing Address
6860 Gulfport Blvd. S.
St. Petersburg, FL 33707

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

01/19/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3151259

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PC	FOURNIER, SERGE	1100 Rene-Levesques W. 25th Floor	Montreal, Que. H3B5C9
V	CROOK, GEORGE	5940 Pelican Bay Plaza #801	Gulfport, FL 33707

REINSTATEMENT

3000002283263--5

09/02/97-01187-006

***915.00 ***915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Rowe, James
100. 2nd Ave. S., Ste 400N
St. Petersburg, FL 33701

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.

Signature of
Registered Agent

James Rowe

REGISTERED AGENT MUST SIGN

Date 8/25/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGE FOURNIER

JULY 11, 97

Date

Daytime Phone #

CR2040 (12/96)