

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**  
96 NOV 13 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**  
1. Corporation Name **F94000006605**

**EURO AMERICAN CORPORATE CONSULTANTS,  
INC.**

Principal Place of Business Mailing Address

**2065 Augusta Terrace  
Coral Springs, Florida**

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 Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**12/27/94**

Applied For

City & State

City & State

**65-0535713**

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D			
C	Lapp, Michael A.	2065 Augusta Terrace	Coral Springs, FL 33071
D	Lapp, Cheryl	2065 Augusta Terrace	Coral Springs, FL 33071

4000002007324--B  
-11/19/96--01008--009  
\*\*\*\*375.00 \*\*\*\*375.00

**1061-1591**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Cheryl Lapp  
2065 Augusta Terrace  
Coral Springs, FL 33071**

Name

**H. J. Jenzano**

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

**3640 N. Federal Hwy.**

Suite, Apt. #, Etc.

City

**Lighthouse Point**

State

Zip Code

**FL 33064**

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

REGISTERED AGENT MUST SIGN

Date

**10-25-96**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

**Michael A. Lapp**

**10/25/96**

**954-345-0547**

SIGNATURE AND TITLE OF PRINCIPAL OFFICER OR DIRECTOR

Date

Daytime Phone #