

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 26 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 99 00000 2177

1. Corporation Name

ECU INTERNATIONAL NV, INC

400004719104--0
-12/11/01--01072--030
****758.75 ****758.75

2. Principal Office Address

SCHEMHOEVEWEG 15

3. Mailing Office Address

7819 NW 15 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ANTWERP

City & State

MIAMI, FL

Zip

2030

Country

BELGIUM

Zip

33126

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1999

5. FEI Number

52-2184244

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

LS

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, hereby assume the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kris De Witte

**KRIS DE WITTE
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	VAN ACHTEREN, RAYMOND	WESTMOET 49, NOMMELGEM	BELGIUM
D	VAN LOSVEREN, MARC	OLMENLAAN 38, STABROEK	BELGIUM
D	DE WITTE, KRIS	2820 LAKE DRIVE	MIAMI BEACH, FL, 33140

10. 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

KRIS DE WITTE

Date

11/14/01

Daytime Phone #

305 468 8010

CR2001 (9/00)