

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

97 AUG -5 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H62918**

1. Corporation Name  
**EUROPA PROPERTIES INC.**

Principal Place of Business Mailing Address  
**8555 NW 186 St, Miami, FL** Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>2455 E. Sunrise Blvd.</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>2455 E. Sunrise Blvd.,</b> Suite, Apt. #, etc. <b>Penthouse - East</b>		4. Date Incorporated or Qualified To Do Business in Florida	
City & State <b>Ft. Lauderdale, FL</b>		City & State <b>Ft. Lauderdale, FL</b>		5. FEI Number <b>59-2594646</b>	
Zip <b>33304</b>		Country <b>Broward</b>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

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
D/P	Richard M. Gonzalez	1600 Bayview Dr.	Ft. Lauderdale, FL 33304
S/T	Ronald Gonzalez	8555 NW 186th Street	Miami, FL 33015
			100002262491--9 -08/08/97--01144--002 ***1088.75 ***1088.75
<b>REINSTATEMENT 95-97</b> <i>A. Alan</i> <i>8/5/97</i>			

8. Name and Address of Current Registered Agent

**GONZALEZ, RONALD**  
**2455 E. Sunrise Blvd.**  
**Ft. Lauderdale, FL 33304**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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 *Ronald Gonzalez*  
 REGISTERED AGENT MUST SIGN

Date **8/4/97**

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

Date

Daytime Phone #

**8-4-97**

CR2E040 (12/96)