

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **989902**

1 Corporation Name

EUROPROP CORPORATION

Principal Place of Business

Mailing Address

~~5576A North Ocean Boulevard~~
~~Ocean Ridge, Florida 33432~~

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

2 New Principal Office Address, If Applicable

7301-A West Palmetto Pk.
Suite, Apt. #, etc.

Suite 305C
City & State

Boca Raton, Florida
Country

33433
Zip

USA

3 New Mailing Office Address, If Applicable

7301-A W. Palmetto Pk. Rd.
Suite, Apt. #, etc.

Suite 305C
City & State

Boca Raton, Florida
Country

33433
Zip

USA

4 Date Incorporated or Qualified
To Do Business in Florida

04/18/86

5 F.E.T. Number

59-2792538

Applied For
Not Applicable

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
P	Ronning, Jens Peter	7301-A West Palmetto Pk. Rd. Suite 305C	Boca Raton, Fl 33433

7700002938957--7
-07/22/99--01081--014
******900.00 ****900.00**

8. Name and Address of Current Registered Agent

Ronning, Jens Peter
5576A North Ocean Blvd.
Ocean Ridge, FL 33435

9. Name and Address of New Registered Agent

Name

Sciarretta, Edmund. C.

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

7301-A W. Palmetto Pk. Rd.
Suite, Apt. #, etc.

Suite 305C

City

Boca Raton

State Zip Code

FL 33433

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

Edmund C. Sciarretta
REGISTERED AGENT MUST SIGN

Date

7/7/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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)(b), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jens Peter Ronning
Jens Peter Ronning

7/14/99

Date

Daytime Phone No.