

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 14 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

W 27071
EUROPEAN INVESTOR CORPORATION

200005910972--6

-06/21/02--01074--014

****600.00 ****600.00

2. Principal Office Address

4131 VENTURA AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL 33133

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06-24-1988

5. FEI Number

65-0048856

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

RUI A. FREITAS

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

4131 VENTURA AVE

Suite, Apt. #, Etc.

City

MIAMI, FL 33133

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date JUNE 10, 2002

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
P.	FREITAS, RUI A	4131 VENTURA AVE	MIAMI FL 33133
D. VP	MARIA HELENA DE FREITAS	" " "	" 101.25-AR
D.	MARIA A. DE KALDERMATTEN	" " "	" 10.00-ARARIS
D	GONCALO A. FREITAS	" " "	" 88.75-ARARIS
D	FILIPE A. FREITAS	" " "	" 400.00-GERA

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 10, 2002

Date

305-4779995

Daytime Phone #

CR2E081 (9/01)