

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 21 PM 3:06

DOCUMENT # L00000012850

1. Limited Liability Company's Name

EUROLAND FINANCE LLC.

2. Principal Office Address

21218 ST ANDREWS Blvd

3. Mailing Office Address

21218 ST ANDREWS Blvd

Suite, Apt. #, etc.

311

Suite, Apt. #, etc.

311

City & State

BOCA RATON FLORIDA

City & State

BOCA RATON FL

Zip

33433

Country

Zip

33433

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10-18-01

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DE BOUCAUD XAVIER

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

21319 TOWN LAKES DR.

800004751828-9

-01/04/02--01054--010

Suite, Apt. #, Etc.

APT. # 1229

****155.00 ****155.00

City

BOCA RATON

State

FL

Zip Code

33486

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

X. DE BOUCAUD

X. DE BOUCAUD

Date 12-20-01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

DE BOUCAUD
XAVIER

21319 TOWN LAKES DR.
APT. # 1229

BOCA RATON
FL. 33486

Rein 100.

DBR 60.

CWS 5.00

155.00

REINSTATEMENT 2001

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of

Managing Member/Manager

X. DE BOUCAUD

Date 12-20-01

Daytime Phone # 561 395 9473

Typed or printed name of signing Managing Member/Manager

X. DE BOUCAUD