

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -4 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 10/11/04

DOCUMENT # 202000018740

1. Limited Liability Company's Name

EURO DOMUS L.L.C.
3341, SOUTH STREET
HOLLYWOOD FL 33021 8321

2. Principal Office Address

1935, WILSON STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33020

Country

USA

3. Mailing Office Address

1935, WILSON STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33020

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/23/2002

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

THERIAULT JANINE

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

1935, WILSON STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

Janine Theriault
REGISTERED AGENT MUST SIGN

Date

10/02/04

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
MRG	THERIAULT JANINE	1935, Wilson Street	HOLLYWOOD, FL, 33020
OFC	JAFFRES CLAUDE	1935, Wilson Street	HOLLYWOOD, FL, 33020
	REINSTATEMENT 2003-2004		300041640363 10/06/04--01035--006 **205.00

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

Janine Theriault
THERIAULT Janine

Date

10/02/04

Daytime Phone #

934-696-1029

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)