

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 PM 3:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024364

Name and Mailing Address

0009405 01 AT 0.292 **AUTO T4 0 0615 33612-454004

EUROPEANTEAM, LLC
12748 N. 17TH ST. #4
TAMPA FL 33612-4540

300026112563
01/06/04-01017--002 **155.00



2. New Mailing Address

6102 WEBB ROAD, #807

City, State, Zip

TAMPA, FL, 33615

Principal Place of Business

12748 N. 17TH ST. #4
TAMPA FL 33612

3. New Principal Place of Business Address

6102 WEBB ROAD, #807

City, State, Zip

TAMPA, FL, 33615

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/18/2002

6. FEI Number

76-0714157

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

ESTIME, GILBERT
17454 SW 79 CT.
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name

ATTILA BOZSO

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

6102 WEBB ROAD, #807

City

TAMPA

FL

Zip Code
33615

10. 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-26-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BOZSO, ATTILA	12748 N. 17TH ST. #4	TAMPA FL 33612
MGR	PALFI, ERIKA	12748 N. 17TH ST. #4	TAMPA FL 33612

REINSTATEMENT 2003

12. 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

SIGNATURE REQUIRED

Date 12-26-03

Daytime Phone # 813-494-9032

Typed or printed name of signing Managing Member/Manager

ERIKA PALFI

CR2E084 (7/03)