

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000027375

1. Limited Liability Company's Name

European Quality Builders, LLC

FILED

15 FEB 16 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

4950 Gulf Blvd

Suite, Apt. #, etc.

509

3. Mailing Office Address

4950 Gulf Blvd

Suite, Apt. #, etc.

509

City & State

St. Pete Beach, FL

City & State

St. Pete Beach

Zip

33706

Country

USA

Zip

33706

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

4.9.2004

6. FEI Number

20-1079398

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

Thomas Peter Martino Sr.

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

4950 Gulf Blvd # 509

Suite, Apt. #, Etc.

City

St. Pete Beach

State

FL

Zip Code

33706

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1.28.15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Thomas P. Martino Sr.	4950 Gulf Blvd # 509	St Pete Beach, FL 33706

REINSTATEMENT

2010 - 2015

S. HAWKES

FEB 17 AM

EXAMINER

11. E-mail Address: Tom@martino mortgages.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

1.28.15

Daytime Phone #

813.629.0576

Typed or printed name of signing Authorized Representative/Manager