


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1782

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 20 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900176680559
04/20/10--01044--004 **421.25
CR2E041 (11/09)

DOCUMENT # L 07000044502

1. Limited Liability Company's Name
EUROPA CAR WASH & CAFE

2. Principal Office Address - No P.O. Box # 620 NE 61 STREET		3. Mailing Office Address 6075 BISCAYNE BLVD	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33137	Country USA	Zip 33137	Country USA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 4/26/2007	
6. FEI Number 20 893 7250	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Gary P. Cohen

Street Address (P.O. Box Number is Not Acceptable)
46 S.W. 1ST STREET

Suite, Apt. #, Etc.
#400

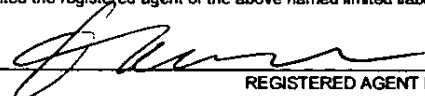
City
MIAMI

State
FL

Zip Code
33130

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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  Date **4/19/10**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

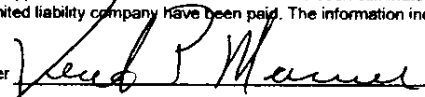
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Renato P. Mariani	620 NE 61ST	Miami, FL. 33137
MGR	Paul M. Weiner	620 NE 61ST	Miami, FL. 33137

JB

REINSTATEMENT 2008-10

11. E-mail Address: **europallic@yahoo.com**
(To be used for future annual report notifications)

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  Date **4/19/10** Daytime Phone # **(305) 754-2357**

Typed or printed name of signing Managing Member/Manager **Renato P. Mariani**



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FILED
10 APR 20 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 19, 2010

Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

The enclosed check in the amount of \$421.25 is covering the Annual Report fees for 2008, 2009 and 2010, plus the certificate fee. If you have any questions feel free to contact us, at the numbers listed below.

Thank you,

Renato P. Mariani
(305) 754-2357
europallc@yahoo.com