

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John E. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 14 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L59904

1. Corporation Name

Euro Design Products, Inc

2. Principal Office Address

8203 KRISTEL CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

8203 KRISTEL CIRCLE

Suite, Apt. #, etc.

City & State

PORT RICHEY FL

City & State

PORT RICHEY FL

Zip

34668

Country

USA

Zip

34668

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

59-3001727

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KARL A KUKEC

800003746238 -- 1

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

6505 RIDGETOP DRIVE

02/21/01-01113-012

****300.00 ****300.00

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34655

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Karl A. Kukec
REGISTERED AGENT MUST SIGN

Date 2/9/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	KARL A. KUKEC	6505 RIDGETOP DR	NEW PORT RICHEY, FL 34655
V.PRES/SEC	JANET D. KUKEC	6505 RIDGETOP DR	NEW PORT RICHEY, FL 34655

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Karl A. Kukec

KARL A KUKEC

2/9/01

Date

727-849-2828

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR