

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN 30 AM 9:50

DOCUMENT # L99000004490

1. Limited Liability Company's Name

European Business Corporation LLC

100077379591  
07/12/06--01011--015 \*\*355.00

CR2E041 (8/05)

2. Principal Office Address

1016  
US Hwy 301, Suite  
Suite, Apt. #, etc.

3. Mailing Office Address

535 Central Ave.  
Suite 300  
Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

St. Petersburg, FL

Zip

33619

Country

USA

Zip

33701

Country

USA

4. State/Country of Formation

Florida/Pinellas

5. Date Organized or Qualified  
To Do Business in Florida

07/23/1999

6. FEI Number

98-0338618

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

Timothy B. Leahy

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

535 Central Ave.

Suite, Apt. #, Etc.

Suite 300

City

St. Petersburg

State

FL

Zip Code

33701

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 June 20, 2006

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	Richard Smith	535 Central Ave., Suite 300	St. Petersburg, FL 33701

REINSTATEMENT 02-06

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

Date

June 26, 2006

Daytime Phone #

727-821-7881

Typed or printed name of signing Managing Member/Manager

Richard Smith