

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2001

FILED

01 OCT 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 99-8872

1. Limited Liability Company's Name

EUROPE CREW CORNER L.C.

2. Principal Office Address

777 E. MERRITT ISL. CSWY

Suite, Apt. #, etc.

City & State

MERRITT ISLAND

Zip

32952

Country

BREVARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

II

Zip

SAME

Country

SAME

4. State/Country of Formation

FLORIDA / BREVARD

**5. Date Organized or Qualified
To Do Business in Florida**

12/10/99

6. FEI Number

59-3617504

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

JOHN L. SOLEAU

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

1970 MICHIGAN AVE.

Suite, Apt. #, Etc.

BLDG - C

City

COCOA

State

FL

Zip Code

32922

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****155.00 ****195.00

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

JOHN L. SOLEAU

Date 10/22/01

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
MBRM	ZYONIMIR MATKOVIC	777 E. MERRITT ISLAND CSWY	MERRITT ISL FL 32952

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

ZYONIMIR MATKOVIC

Date

10/22/01

Daytime Phone #

321 459-0101

Typed or printed name of signing Managing Member/Manager

ZYONIMIR MATKOVIC MBRM

CR2E041 (9/01)