

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -7 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO6000005170

1. Corporation Name

FRIENDS OF EUROPE, INC.

W09-19215

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

15351 SW 258 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

15351 SW 258 ST.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

City & State

HOMESTEAD, FLORIDA

Zip

33032

Country

USA

Zip

33032

Country

USA

7. Name and Address of Current Registered Agent

Name

CHARLOTTE BREWER

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

15351 SW 258 ST.

Suite, Apt. #, Etc.

City

HOMESTEAD, FL.

State

FL

Zip Code

33032

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

Charlotte Brewer

REGISTERED AGENT MUST SIGN

Date APRIL 20, 2009

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
D	ELISABETH YAMANOHA	15351 SW 258 ST	HOMESTEAD, FL 33032

700155622867
05/07/09--01011--031 **183.75

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 contained in Chapter 119, 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:

Charlotte Brewer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/09

Date

786.285.3122

Daytime Phone #

07-09

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 6, 2006

5. FEI Number

26-4705007

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

☒ The 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 reinstatement fee be waived.

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