

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000054327

1. Corporation Name

Euro Tractor, Inc.

2. Principal Office Address

304 Palermo Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

304 Palermo Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

Miami-Dade

City & State

Coral Gables, FL

Zip

33134

Country

Miami-Dade

900035829899  
05/10/04--01105--007 \*\*1050.00

REINSTATEMENT

02-04-FL

4. Date Incorporated or Qualified  
To Do Business in Florida

06/05/2000

5. FEI Number

65-1018661

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

Alain Tresse

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

304 Palermo Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State  
FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 10 Feb 2004

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.	Alain Tresse	304 Palermo Avenue	Coral Gables, FL 33134

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAIN TRESSE

Date

10 Feb 2004

Daytime Phone #

CR2E081 (10/02)