

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC 14 PM 12:11

DOCUMENT # P00000054327

1. Corporation Name
Euro Tractor, Inc.

100188689951
12/14/10--01032--011 **750.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box # 304 Palermo Avenue		3. Mailing Office Address 304 Palermo Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables		City & State Coral Gables	
Zip 33134	Country	Zip 33134	Country

4. Date Incorporated or Qualified To Do Business in Florida	06/05/2000
5. FEI Number 65-1018661	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Tresse, Alain

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

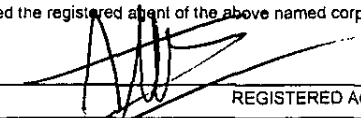
Suite, Apt. #, Etc.

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  Date Dec 8, 2010

REGISTERED AGENT MUST SIGN

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
President	Tresse, Alain	304 Palermo Avenue	Coral Gables, FL 33134

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B 12/15/10

10. E-mail Address: radian.intl@wanadoo.fr
(To be used for future annual report notification)

11. 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, I further certify 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:  Date Dec 8, 2010 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR