

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000099665</b> 1. Entity Name <b>EURO EXPO 3000, INC.</b>						FILED 06 NOV 09 PM 2:07 SEC. OF STATE TALLAHASSEE, FL	
Principal Place of Business <b>357 LANIER DRIVE PALM SPRINGS, FL 33461</b>				Mailing Address <b>357 LANIER DRIVE PALM SPRINGS, FL 33461</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-1068570</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>LHOTA, DAVID P ESQ. BOWEN &amp; LHOTA, PA 1000 W. MCNAB RD. POMPANO BEACH, FL 33069</b>				7. Name and Address of New Registered Agent Name <b>MARIA KONTOSOVA</b> Street Address (P.O. Box Number is Not Acceptable) <b>357 Lanier Drive</b> City <b>PALM SPRINGS</b> FL Zip Code <b>33461</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>MARIA KONTOSOVA Kantosova Maria</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>11/05/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KONTOSOVA, MARIA 3576 LANIER DRIVE PALM SPRINGS, FL 33461			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12/06/06--01058--011 **\$750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KONTOS, EUGENE 3576 LANIER DRIVE PALM SPRINGS, FL 33461			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700082329057 12/06/06--01058--011 **\$750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700082329057 12/06/06--01058--012 **\$8.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>KONTOSOVAMARIA Kantosova Maria</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>11/05/06</u> <small>Daytime Phone #</small>			