

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

04 FEB 19 PM 1:56

DOCUMENT # P00000111593

1. Corporation Name

EURO TRENZ

100029570811
03/01/04--01020--014 **300.00

REINSTATEMENT-03-04

2. Principal Office Address

12928 SW 132 ct.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

12928 SW 132 ct

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 5 2000

5. FEI Number

65-1059219

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

Karl Hueck

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

15680 SW 155 AVE

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33187

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

[Signature]

Date 2-17-04

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
MR.	Karl Hueck	15680 SW 155 AVE	Miami, FL 33187
MR.	Karl J. Hueck	15113 SW 109 LN	Miami, FL 33196
Miss	Fredia Condono	15250 SW 152 ST	Miami, FL 33187

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-04

Date

(305) 254-0035

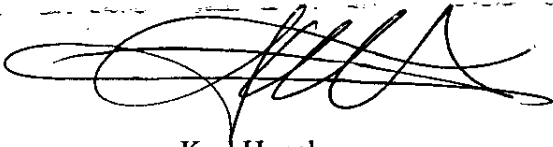
Daytime Phone #

CR2E081 (01/04)

To whom it may concern,

I was just going to reinstate my company and I saw that it said I owed \$900.00. I spoke with some one in your department and said that I have not done it for 2003-2004. I never received a letter letting me know that it was time to reinstate it. I told them that if the letter was received I would have reinstated it on time. I appreciate your understanding of the situation and thank you for understanding.

Regards,

A handwritten signature in black ink, appearing to be 'Karl Hueck', written over a horizontal line.

Karl Hueck
Euro Trenz, Inc.