PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM SECRETARY OF STATE BOVE FOR SE CORPORATIONS CORPORATION REINSTATEMENT 02 AUG 23 PM-4: n1 DIVISION OF CORPOR P00000113935 1. Corporation Name eather Collection Europa 200007673822--6 -09/12/02--01001--029 ****300.00 ****300.00 2. Principal Office Address 3. Mailing Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 2000 City & State City & State Not Applicable Country CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Suite, Apt. #, Etc. State 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 ED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Titles Street Address of Each Officer and/or Director Officers and/or Directors ' City / State / Zip 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 filling this reinstalement 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.

在特別的情報如此時期的於明時以上名式