

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 JUN 14 AM 8:00

DOCUMENT # P01000012479

1. Corporation Name
Euqor, Inc.

2. Principal Office Address
640 Lalique Circle

Suite, Apt. #, etc.

City & State
Naples, Florida

Zip Country
34119 USA

3. Mailing Office Address
640 Lalique Circle

Suite, Apt. #, etc.

City & State
Naples, Florida

Zip Country
34119 USA

REINSTATEMENT

02-04
mrs

4. Date Incorporated or Qualified
To Do Business in Florida 02/01/2001

5. FEI Number
59-3704868

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Roque Garcia

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

Suite, Apt. #, Etc.

City
Naples

State Zip Code
FL 34119

800035724038

05/05/04 01072 013 **159.0

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0509, F.S.

Signature of
Registered Agent Roque Garcia
REGISTERED AGENT MUST SIGN

Date January 5, 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
P/D	Roque Garcia	640 Lalique Circle	Naples, Florida 34119
			800035724038 05/24/04--01092--005 **300.00

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:

Roque Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/2004

Date

239-254-8955

Daytime Phone #

CFR0081 (01/04)

ATTN: RUBY DUNLAP
850-245-6017

292

EUQOR, INC.
640 Lalique Circle
Naples, Florida 34119

25 April 2004

Ref: 2002 UBR

Department of State
ATTN: RUBY DUNLAP
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Gentlemen:

I have previously enclosed our application for reinstatement of our corporation, and I enclosed the reinstatement fee of \$150 as per your instructions. I recently also sent an additional \$300 to cover the fee for 2 more years.

Prior to moving to Florida to work and live, our attorney filed our incorporation papers and made his office our official address. We changed attorneys soon after moving here, but unfortunately we were not aware of this annual filing requirement because our previous attorney either did not receive the notices or he simply did not forward them to us.

I respectfully request reinstatement of our corporation since we did not receive the UBR notices that were sent to us.

Thanks for your understanding.

Sincerely,

Roque Garcia

Roque Garcia, President
EUQOR, INC.

