

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 20 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000019583

1. Corporation Name

EUROSIMM USA, INC

2. Principal Office Address

1802 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

100A

City & State

PLANTATION, FLORIDA

Zip

33322

Country

USA

3. Mailing Office Address

1802 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

100A

City & State

PLANTATION, FLORIDA

Zip

33322

Country

USA

REINSTATEMENT

02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-22-01

5. FEI Number

65-1077990



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

PHILIP FARNHILL

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

1802 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

100A

City

PLANTATION

State

FL

Zip Code

33322

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 02/28/2003

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
D	RICHARD HARRIS	1802 N. UNIVERSITY DRIVE	PLANTATION, FL 33322
D	SHELDON KAYE	1802 N. UNIVERSITY DRIVE	PLANTATION, FL 33322
D	MICHAEL BOYCHUK	1802 N. UNIVERSITY DRIVE	PLANTATION, FL 33322
D	PHILIP FARNHILL	1802 N. UNIVERSITY DRIVE	PLANTATION, FL 33322

10. I certify that I am an officer or director of 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

Date

Daytime Phone #

PHILIP FARNHILL DIRECTOR 02/28/2003 954-424-6071

CR2E081 (10/02)

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