

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO100022264

1. Corporation Name

European Living Inc.

2. Principal Office Address

567 Lillian dr

Suite, Apt. #, etc.

City & State

Maderia Beach Fl

Zip

33708

Country

3. Mailing Office Address

567 Lillian dr

Suite, Apt. #, etc.

City & State

Maderia Beach

Zip

33708

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2-28-02

5. FEI Number

593704492

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

Ray Orlando

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

567 Lillian dr

Suite, Apt. #, Etc.

City

Maderia Beach

State  
FL

Zip Code  
33708

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

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
✓	Jeanne Arnold	670 island Way	Clearwater Fl 33767
P	RAY ORLANDO	567 LILLIAN DR	MADERIA BEACH 33708

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/05/02

Daytime Phone #

CR2ED81 (10/02)

js 3/7

# EUROPEAN LIVING

567 Lillian Drive, Madeira Beach, FL 33708  
Phone 727 - 560 - 1811 / Fax 727 - 392 - 8097  
Email: [europeanlg@aol.com](mailto:europeanlg@aol.com)

From: Raymond Orlando

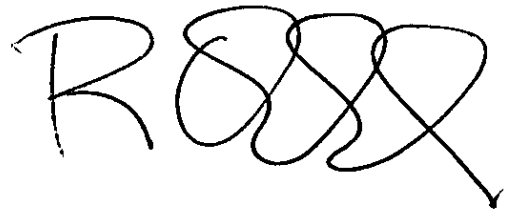
To: Dept of State

Date: 2-17-03

Pages: 1

The reason for reinstatement is that we did not receive this form it was returned to your office and you have confirmation of this on your system .

Sincerely

A handwritten signature in black ink, appearing to read 'R. O. O. O.', with a long horizontal stroke extending to the right.