

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000040059

1. Corporation Name

EUROPEAN STYLE DESIGNS, INC.

2. Principal Office Address

2692 SW 137 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33175

Country

US

3. Mailing Office Address

2692 SW 137 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33175

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

4-19-2001

5. FEI Number.

✓ 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

MIMNA MONTES DE OCA

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

2692 SW 137 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33175

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

REGISTERED AGENT MUST SIGN

Date 10-07-02

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/S/D	MIMNA MONTES DE OCA	2692 SW 137 AVE.	MIAMI, FL 33175

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

10-07-02

Date

Daytime Phone #

FILED
02 OCT -8 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900008402329
10/16/02--01049--018 **300.00

CR2ED81 (9/01)

Page 2 of 2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002
UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I
HAVE CHANGED MY PRINCIPAL OR MAILING ADDRESS.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN
ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS
MATTER.

CORDIANLY


MIMNA MONTES DE OCA
PRESIDENT