

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000044463**

1. Corporation Name

**EUROPEAN INTERIOR REMODELING, INC.**

Principal Place of Business

918 NE 4 ST.  
HALLANDALE FL 33009

Mailing Address

918 NE 4 ST.  
HALLANDALE FL 33009

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

1

CIUREA, MARIA

918 NE 4 ST.

HALLANDALE FL 33009

~~250003051963~~  
~~11/18/02-01083-001 \*\*750.00~~

~~DOS 4599453 1899888703~~  
~~SEP03/11 04/11 250.00~~  
~~11/18/02-01083-001 614~~

~~11/18/02-01083-001 \*\*750.00~~

~~400003051964~~

~~11/18/02-01083-001 \*\*750.00~~

8. Name and Address of Current Registered Agent

KING, ROBERT L  
2101 N. ANDREWS AVE., STE. 200  
WILTON MANORS FL 33311

9. Name and Address of New Registered Agent

Name

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

2780 E Oakland Park Blvd.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33306

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature Required*  
REGISTERED AGENT MUST SIGN

Date

11/14/02

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Maria Ciurea*  
10-31-02

Date (05/11) Daytime Phone #

CR2E040 (8/02)