

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056103

1. Corporation Name

EUROGROUP, INC.

300011133383
01/28/03--01061--017 **750.00

2. Principal Office Address

2616 BOGGY CREEK ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

13927 CORRINE KEY PLACE

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

ORLANDO, FL

Zip

34743

Country

USA

Zip

32824

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3720616

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

ADRIANA DE PAZOS

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

2308 ENFIELD COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

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

Adriana de Pazos

REGISTERED AGENT MUST SIGN

Date 01/09/03

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	JOSE E. MORENO	13927 CORRINE KEY PLACE	ORLANDO, FL 32824

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

01/09/03

Date

(407) 344-3825

Daytime Phone #

CR2E081 (10/02)

js 1/27