

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 15 AM 11:23

DOCUMENT # **P010000 61596**

1. Corporation Name

Euro Max Auto Body Corp.

REINSTATEMENT

06-11

3/16

2. Principal Office Address - No P.O. Box #

4774 NW 2nd Avenue

3. Mailing Office Address

4774 NW 2nd

Suite, Apt. #, etc.

Suite H4

Suite, Apt. #, etc.

Avenue.

City & State

BOCA RATON FLORIDA

City & State

BOCA RATON Florida

Zip

33431

Country

Zip

33431

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1114665

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

DAVID RAMESAR

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

10610 Bexley Blvd

Suite, Apt. #, Etc.

BOCA RATON

City

State

FL

Zip Code

33431

700197989027

03/15/11--01034--001 **1500.00

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

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	DAVID RAMESAR	10610 Bexley Blvd	BOCA RATON FL 33428
VP	FRANCA SAGNOTTI	10610 Bexley Blvd	BOCA RATON FL 33428

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

David Ramesar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/11

Date

561 994 0080

Daytime Phone #