PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2013 - 2018

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 MAR 20 PM 1:05

DOCUMENT # P01000061596

FILING CANCELLED DUE TO RETURNED CHECK

1. Corporation Name
Euro Max Auto Bordy Corp

600310810646
03/20/18--01010--007 **1500.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4774 NW 2nd Avenue	Same
Suite, Apt. #, etc: Suite A4	Suite, Apt. #, etc: Same
City & State: Boca Raton Florida	City & State: Same
Zip: 33431 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1114665 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 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): 4774 NW 2nd Avenue Suite A4

Suite, Apt. #, Etc:

City: Boca Raton State: FL Zip Code: 33431

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: David Ramesar
REGISTERED AGENT MUST SIGN

Date: 3/12/18

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
Owner	David Ramesar	4774 NW 2nd Avenue	Boca Raton FL 33431
VP	Franca Sagnotti	4774 NW 2nd Avenue	Boca Raton FL 33431

10. E-mail Address: Euro Max 5 @ hotmail.com
(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 3/12/18 5618086412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON

561 808 6412