


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P01000078767 1. Entity Name EURO-QUARTERS OF TAMPA BAY, INC. |  |
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| Principal Place of Business 2717 SEVILLE BLVD, STE 4108 CLEARWATER, FL 33764 | Mailing Address 4780 ASHFORD DUNWOODY ROAD A-432 ATLANTA, GA 30338 |
|--|---|

500059381675
09/07/05--01010--020 ***308.75



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| 2. Principal Place of Business 2690 Coral Landings Blvd. Suite, Apt. #, etc. 431 | 3. Mailing Address Suite, Apt. #, etc. |
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08242005 REIN-P CR2E098 (6/04)

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|---------------------------------|--------------|
| City & State Palm Harbor, FL | City & State |
|---------------------------------|--------------|

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|-----------------------------|--|
| 4. FEI Number 59-3751213 | Applied For <input type="checkbox"/> Not Applicable |
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|-------------------|---------------------|-----|---------|
| Zip 34684-3101 | Country Pinellas | Zip | Country |
|-------------------|---------------------|-----|---------|

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|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent STAHMER, KARSTEN 2717 SEVILLE BLVD, STE 4108 CLEARWATER, FL 33764 | 7. Name and Address of New Registered Agent Name KARSTEN STAHMER Street Address (P.O. Box Number is Not Acceptable) 2690 Coral Landings Blvd., # 431 City Palm Harbor FL Zip Code 34684-3101 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *M. Stahmer* DATE: Sep 21 05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | STAHMER, KARSTEN |
| STREET ADDRESS | 2717 SEVILLE BLVD, STE 4108 |
| CITY-ST-ZIP | CLEARWATER, FL 33764 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | President - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KARSTEN STAHMER |
| STREET ADDRESS | 2690 Coral Landings Blvd., # 431 |
| CITY-ST-ZIP | Palm Harbor, FL 34684-3101 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, or all other like empowered.

SIGNATURE: *M. Stahmer* DATE: Sep 21 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EURO-QUARTERS OF TAMPA BAY, INC.
4780 Ashford Dunwoody Road; A-432
Atlanta, GA 30338**

August 31, 2005

Florida Department of State
Division of Corporations
409 East Gaines Street
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Reinstatement Registration Agent

Subject: Request for Waiver of Reinstatement Fee

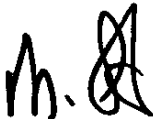
Gentlemen:

Enclosed is our company's application for registration reinstatement that updates the location of our Florida agent and principal place of business. Included with this application is our check for \$308.75 to cover both 2004 and 2005's registration fees and the fee to receive a certificate of status. The enclosed form identifies our current principal place of business as 2690 Coral Landings Blvd., No. 431; Palm Harbor, FL 34684-3101.

Along with this application we are requesting that the Division of Corporations abate the \$600 failure to file penalty. We make this request because we did not receive notification that our registration was due or past due and were not able to make timely filings.

Thank you for your consideration of our situation in this matter.

Sincerely,



Karsten Stahmer
President