

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 NOV 19 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089243

1. Corporation Name

EURO CAFE - BEACH PLACE, INC.

Principal Place of Business

800 SE 4TH ST., #301  
FT. LAUDERDALE FL 33301

Mailing Address

800 SE 4TH ST., #301  
FT. LAUDERDALE FL 33301

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

17S. Ft. Lauderdale beach Blvd.  
(A1A) - FL - 33316

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/07/2001

5. FEI Number

65-1141684

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CUPELLI, ANTONIO	800 SE 4TH ST., #301	FT. LAUDERDALE FL 33301
D	BACH, JOE	1 LAS OLAS CIR.	FT. LAUDERDALE FL 33316

8. Name and Address of Current Registered Agent

CASTORO, FRANCIS X ESQ.  
2100 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. 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

Date

Daytime Phone #

10/28/02 984-763-6600

10/27/02

PS 2 of 2

~~Original form~~

was never received

Please reinstate

Tony Cupelli