

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC -2 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110376

1. Corporation Name

EUROPEAN TOUCH, INC.
1934 Cornwallis Pkwy.
Cape Coral, Florida 33904

2. Principal Office Address

3. Mailing Office Address

1934 Cornwallis Pkwy.

1934 Cornwallis Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

Zip

33904

Country

USA

Zip

33904

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2001

5. FEI Number

65-1157816

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

LAJOS J. WAHL

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

1934 Cornwallis Pkwy.

900061870599

Suite, Apt. #, Etc.

12702705--01051--018 **9001.0

City

Cape Coral

State

FL

Zip Code

33904

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

Lajos J. Wahl
REGISTERED AGENT MUST SIGN

Date 11-22-05

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	LAJOS J. WAHL	1934 Cornwallis Pkwy.	Cape Coral, FL. 33904
VP	LIDIA WAHL	1934 Cornwallis Pkwy.	Cape Coral FL. 33904

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:

Lajos J. Wahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-05

Date

Daytime Phone #

(239) 540-7748