

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 20 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000037759

1. Corporation Name

EURO TRADE ENTERPRISES, INC.

2. Principal Office Address

300 Biscayne Blvd.

3. Mailing Office Address

300 Biscayne Blvd.

Suite, Apt. #, etc.
Way #2

Suite, Apt. #, etc.

Way #2

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33131

Country

Zip

33131

Country

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

04-08-2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Judkowitz Harvey

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

300 Biscayne Blvd. Way #2

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33131

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 11-19-03

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
PD	Judkowitz Harvey	300 Biscayne Blvd. Way #2	Miami, Fl. 33131

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)(f), 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

11-19-03

Date

Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 373-7718

CORPORATION REINSTATEMENT

EURO TRADE ENTERPRISES, INC.

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