

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000046992

1. Corporation Name

EUROPEAN FINE COLLECTIONS, INC.

Principal Place of Business

Mailing Address

13100 SW 92 AVE  
SUITE C-114  
MIAMI FL 33176

13100 SW 92 AVE  
SUITE C-114  
MIAMI FL 33176

FILED  
03 DEC -5 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03


If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/29/2002	
City & State		City & State		5. FEI Number	
Zip		Zip		61-1412402	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KHAKPOUR, REZA	13100 SW 92 AVE SUITE C-114	MIAMI FL 33176

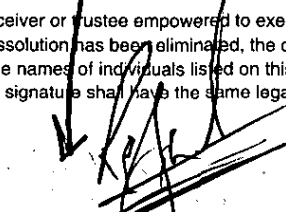
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KHAKPOUR, REZA 13100 SW 92 AVE SUITE C-114 MIAMI FL 33176		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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  Date 10-27-03

REGISTERED AGENT MUST SIGN

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:  Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# **EUROPEAN FINE COLLECTIONS, INC.**

1717 NORTH BAYSHORE DR, SUITE #3052  
MIAMI FL 33132

TO:  
FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS.  
ANNUAL REPORT/ REINSTATEMENT SECTION  
P.O BOX: 6327  
TALLAHASSEE, FL 32314-6327  
RE: DOCUMENT # P02000046992

*Dear Sir or madam,*

*Please find enclose a check for \$150 to renew the above-mentioned application.*

*This corporation was opened almost a year ago, being new to this country, I was not aware of the rules and regulations, I also didn't now that I had to renew it on a yearly basis.*

*The other problem I had was that I had moved from that address over 10 month ago and didn't get the renewal application on time.*

*My date of moving can be confirmed by BRIAR BAY CONDO at 305-253-7233 and they will advise.*

*I would highly appreciate if you would wave the penalty and you are rest assured that it will not happen again.*

*Thank you and regards,*

*Reza khakpour.*

