

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000123491 1. Entity Name EURO-AMERICAN REAL ESTATE SERVICES, INC.				FILED 05 MAY -3 AM 7:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 106 PARADISE WOODS PLACE DAVENPORT, FL 33896		Mailing Address 106 PARADISE WOODS PLACE DAVENPORT, FL 33896			
2. Principal Place of Business 130 S. MAIN STREET <small>Suite, Apt. #, etc.</small>		3. Mailing Address 130 S. MAIN STREET <small>Suite, Apt. #, etc.</small>			
City & State WINTER GARDEN, FL <small>Zip Country</small> 34787		City & State WINTER GARDEN, FL <small>Zip Country</small> 34787			
4. FEI Number 13-4223074		Applied For <input type="checkbox"/> Not Applicable		04252005 REIN-P CR2E098 (6/04)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent JENNINGS, ROBERT C 106 PARADISE WOODS PLACE DAVENPORT, FL 33896			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 130 SOUTH MAIN STREET City WINTER GARDEN FL <small>Zip Code</small> 34787		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 <u><i>Raul C. Jennings</i></u> 4-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENNINGS, ROBERT C 130 S MAIN ST WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800054340248 05/12/05--01072--011 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		REINSTATEMENT 34-05 T. Roberts MAY 10 2005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, with all other like empowered.					
SIGNATURE: <u><i>Raul C. Jennings</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-25-05 <small>Date</small>		407 396 7070 <small>Daytime Phone #</small>	