

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000044729

1. Corporation Name

European Congress Management, Inc.

FILED
2007 APR 25 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
100 North Biscayne Blvd.

3. Mailing Office Address
100 North Biscayne Blvd.

Suite, Apt. #, etc.
Suite 2100

Suite, Apt. #, etc.
Suite 2100

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33132 USA

Zip Country
33132 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number ☒ 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
Axel Heydasch

Street Address (P.O. Box Number is Not Acceptable)
100 North Biscayne Blvd.

Suite, Apt. #, Etc.
Suite 2100

City
Miami

State Zip Code
FL 33132

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date April 20, 2007

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/D	Norbert Munsch	Seeblick 1	56459 Elbingen, Germany
S	Axel Heydasch	100 North Biscayne Blvd., Suite 2100	Miami, Florida 33132
			B 5/2/07
			REINSTATEMENT 04-07
			400102360614
			05/15/07--01001--018 **1200 00

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 contained in Chapter 119, 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] Axel Heydasch, April 20 '07 (305) 558-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #