

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000031592

1. Entity Name
EUROPEAN TRADERS & AUCTIONEERS, INC.



Principal Place of Business
1872 MURRAY AVENUE
CLEARWATER, FL 33755

Mailing Address
1872 MURRAY AVENUE
CLEARWATER, FL 33755

REINSTATEMENT



04072006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0751889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERSTONE, CHARLES J
1872 MURRAY AVENUE
CLEARWATER, FL 33755

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 ☒

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P
NAME SILVERSTONE, CHARLES J ☐ Delete
STREET ADDRESS 1872 MURRAY AVENUE
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ Change ☐ Addition
NAME 300075572313
STREET ADDRESS 05/31/06--01033--022 **300.00
CITY-ST-ZIP

TITLE VP
NAME SILVERSTONE, CHARLES J ☐ Delete
STREET ADDRESS 1872 MURRAY AVENUE
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME SILVERSTONE, CHARLES J ☐ Delete
STREET ADDRESS 1872 MURRAY AVENUE
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME SILVERSTONE, CHARLES J ☐ Delete
STREET ADDRESS 1872 MURRAY AVENUE
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06

APPROVED
AND
FILED

06 MAY 15 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-06