

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 FEB -5 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD5000041516

1. Corporation Name

EUROPEAN CRAFTSMEN OF SWFL

2. Principal Office Address - No P.O. Box #

3847 Hapervale St

Suite, Apt. #, etc.

3. Mailing Office Address

3847 Hapervale St

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33905

Country

Lee

City & State

Ft. Myers, FL

Zip

33905

Country

Lee

**REINSTATEMENT**

CR2E081 (12/07)

06-08

4. Date Incorporated or Qualified  
To Do Business in Florida

March, 17, 2005

5. FEI Number

20-2559967

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ADRIAN MATEESCU

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

3847 HOPEVALE ST.

Suite, Apt. #, Etc.

City

FT. MYERS

State

FL

Zip Code

33905

☒ 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

01.29.08

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
Dir.	JAMES SMITH	3847 Hapervale St.	Ft. Myers, FL, 33905
Asst. Dir.	BERT PARSLEY	3847 Hapervale St.	Ft. Myers, FL, 33905
Gen. Dir.	Adrian Mateescu	3847 Hapervale St.	Ft. Myers, FL, 33905
			600118350426 02/19/08--01047--019 **450.00

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:

ADRIAN MATEESCU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

Date

239-980-0474

Daytime Phone #

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