

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000089299

1. Corporation Name

Euro-Design Painting, INC.

WI-3877

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

8 Zonal Court

3. Mailing Office Address

8 Zonal Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32164

Country

U.S.A.

Zip

32164

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Luda Zavyalov

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

8 Zonal Court

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

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

Luda Zavyalov

REGISTERED AGENT MUST SIGN

Date 01/10/2010

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,T	Nickolay Zavyalov	8 Zonal Court	Palm Coast, FL 32164
VP,S	Luda Zavyalov	8 Zonal Court	Palm Coast FL 32164
/	/	/	/
/	/	/	/
/	/	/	/
/	/	/	/

10. E-mail Address: nlzavyalov@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

Luda Zavyalov

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/10/10 380-214-8372

Daytime Phone #

100166945631

01/22/10--01029--022 **150.00

REINSTATEMENT

CR2E081 (11/09)

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/2005

5. FEI Number

20-3042311

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

100166945631

02/09/10--01004--003 **300.00