

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000044912

1. Corporation Name

EURO ORNAMENTAL INC

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

10801 SW 48 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33165

Country

USA

3. Mailing Office Address

10801 SW 48 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33165

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05.05.2008

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

YORDAN DOMINGUEZ

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

10801 SW 48 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

☒ 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

Date 02.02.2010

REGISTERED AGENT MUST SIGN

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	YORDAN DOMINGUEZ	10801 SW 48 TERRACE	MIAMI, FL 33165

REINSTATEMENT

09-10

10. E-mail Address: INFO@FLORIDALICENSESANDCORPORATIONS.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.02.2010 786.444.8502

Date

Daytime Phone #

31 MAR 2010 FEB 18 2010

Charter Number Only

2/17/10

FL LICENSES & CORP

Requester's Name

5040 NW 7 Street #470

Address

Miami FL 33126

City

State

ZIP

Phone

(305) 446-3442

VALIDATION ONLY

CORPORATION(S) NAME

EURO ORNAMENTAL INC

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

EURO ORNAMENTAL INC
10801 SW 48 TERRACE
MIAMI, FL 33165
TEL# 786.444.8502

February 02, 2010.

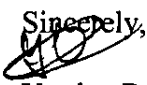
Florida Department of State
Division of Corporations

Re: **EURO ORNAMENTAL, INC.**
P08000044912

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking for the fine to be waived. I never received any notice in the mail. Any questions please don't hesitate to contact me.

Sincerely,


Yordan Dominguez
President