

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000066453

**Entity Name:** EUROPA RESTAURANT, INC.

**FILED**  
**Oct 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5850 S. PINE ISLAND ROAD  
DAVIE, FL 33328

**New Principal Place of Business:**

326 LINDEN BLVD  
WEST HEMPSTEAD, NY 11552

**Current Mailing Address:**

5850 S. PINE ISLAND ROAD  
DAVIE, FL 33328

**New Mailing Address:**

326 LINDEN BLVD  
WEST HEMPSTEAD, NY 11552

**FEI Number:** 27-0424988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RAPP, MICHAEL  
5850 S. PINE ISLAND ROAD  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: BARRY LEON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEON, BARRY  
Address: 326 LINDEN BLVD  
City-St-Zip: WEST HEMPSTEAD, NY 11552

Title: VD  
Name: RAPP, MICHAEL  
Address: 5850 S. PINE ISLAND ROAD  
City-St-Zip: DAVIE, FL 33328

Title: STD  
Name: LEON, BARRY  
Address: 326 LINDEN BLVD  
City-St-Zip: WEST HEMPSTEAD, NY 11552

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARRY LEON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

10/17/2011

\_\_\_\_\_  
Date