

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 SEP 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007704

1. Corporation Name

EUROPEAN REALTY & ART, INC.

~~1006-35029~~

2. Principal Office Address

2250 PARKSIDE STREET

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip
33486

Country

USA

3. Mailing Office Address

10 MUSIC FAIR ROAD

Suite, Apt. #, etc.

C/O HERTZBACH & COMPANY

City & State

OWINGS MILLS, MD

Zip

21117

Country

USA

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

1/21/94

5. FEI Number

65-0467123

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

GRANT W. KEHRES

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

2000 GLADES ROAD

Suite, Apt. #, Etc.

SUITE 302

City

BOCA RATON

State

FL

Zip Code

33431

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 9-8-2006

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
PRESIDENT	FRANK FISCHER	POSTFACH 191854 ZIP-14008	BERLIN, GERMANY

200079761192
09/18/06--01015--012 **1050.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/06

Date

Daytime Phone #

9/12/06