

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

09 APR 30 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000009717

1. Corporation Name

EUROPEAN-AMERICAN, INC.

Principal Place of Business

Mailing Address

6290 N.W. 173rd Road # 137
Miami Lakes, FL 33015

REINSTATEMENT

97-99
ad

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

169 East Flagler Street

3. New Mailing Office Address, If Applicable

438 Lakeview Drive

Suite, Apt. #, etc.

Suite 821

Suite, Apt. #, etc.

Bldg 95 Apt 104

City & State

Miami, Florida

City & State

Weston, Florida

Zip

33131

Country

DADE

Zip

33326

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

2-6-1995

5. FEI Number

65-0555836

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	CUSTODIO CAMACHO	434 LAKEVIEW DRIVE	WESTON, FL 33326
VP	BEATRIZ CAMACHO	434 LAKEVIEW DRIVE	WESTON, FL 33326

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-05/07/99--01124--003
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

CUSTODIO CAMACHO
434 Lakeview Drive
Weston, FL 33326

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4-26-99

1. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 305 374 7707
Date Daytime Phone #