

TEAR HERE

APPLICATION
FOR
REINSTATEMENT
FOR
EUROCOL INVESTMENTS, INC.

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State.
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED

98 OCT 16 AM 11:32

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #

Eurocol Investments, Inc.
7774 Juniper Street
Miramar, Fl. 33029-5843

995000017166

W98-23119

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Same

Address

City and State

Same

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

4. FEI Number

900002666869-0
-10/19/98-01073-010
*****8.75 *****8.75

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
p	Dawod Salim	91207 Lauf Obereisen Str. 12, Germany	900002666869-0 -10/19/98-01073-010 ***1050.00 ***1050.00

REINSTATEMENT 96-98

54 10-16-98

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

7. Name and Address of New Registered Agent

Name

Same

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

Same

City and State

FL.

Zip Code

6. Name and Address of Current Registered Agent

Enrique Zamora, Esq.
1102 Ponce De Leon Blvd
Coral Gables, Fl. 33134

8. 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

Date 10/9/98

REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Date 10/9/98

Phone # 011499126287600

Typed or printed name of signing officer or director Dawod Salim

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED



\$8.75 Additional Fee
required for a
Certificate of Status