

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 MAR -9 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000023401**

1. Corporation Name
European Holiday Homes, Inc.

Principal Place of Business Mailing Address
c/o Sheldon W. Starman, C.P.A.
4099 Tamiami Trail North (4th Floor)
Naples, FL 34103-3599

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

2. New Principal Office Address, If Applicable 790 Wiggins Lake Drive		3. New Mailing Office Address, If Applicable c/o Sheldon Starman		4. Date Incorporated or Qualified To Do Business in Florida March 23, 1995	
Suite, Apt. #, etc. Bldg. 16, Unit 101		Suite, Apt. #, etc. 4099 Tamiami Trail N.		5. FEI Number 65-0633940	
City & State Naples, FL		City & State Naples, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 34108	Country USA	Zip 34103	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, D	Hamm, Werner	Cite Killeboesch 17	5454 Schengen, Luxembourg
V, D	Hamm, Sylvie	Cite Killeboesch 17	5454 Schengen, Luxembourg
			000002452830-- 9 -03/10/98--01083--009 ***1050.00 ***1050.00
REINSTATEMENT 96-98			
<i>A. Ayar</i> 3/9/98			

8. Name and Address of Current Registered Agent

Oliver J. Langstadt
815 Ponce de Leon Blvd.
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name
Sheldon W. Starman
 Street Address (P.O. Box Number is Not Acceptable)
4099 Tamiami Trail North
 Suite, Apt. #, Etc.
4th Floor
 City
Naples, FL 34103

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 *Sheldon Starman* Date **3/3/98**
 REGISTERED AGENT MUST SIGN

11. 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)(i), 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: *HANN SYLVIE*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

313198

Date Daytime Phone #

CR20040 (1/98)