

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 JUL 24 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023401

1. Corporation Name

EUROPEAN HOLIDAY HOMES, INC.
790 WIGGINS PASS DR BLD 16-101
NAPLES, FL 34110

2. Principal Office Address

790 WIGGINS PASS DR

Suite, Apt. #, etc.

BLDG 16, UNIT 101

City & State

NAPLES, FL

Zip

34108

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/23/95

5. FEI Number

65-0633940

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

RUTH A. LOUBIER

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

5245 BIG PINE WAY

Suite, Apt. #, Etc.

SUITE 101

City

FORT MYERS

State
FL

Zip Code

33907

400003354284-2
-08/11/00--01036--005
*****900.00 *****900.00

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

Date 07/20/00

REGISTERED AGENT MUST SIGN

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
P, D	KARL WERNER HAMM	SINZERSTRASSE 38	66706 NENNIG/PERL GERMANY
V, D	SYLVIE HAMM	SINZERSTRASSE 38	66706 NENNIG/PERL GERMANY

REINSTATEMENT 99-02

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 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:

SYLVIE HAMM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/20/00

Daytime Phone #

CR2E081 (9/99)