


454 962 6362

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -6 PM 1:38

DOCUMENT # P96000028878

1. Corporation Name
EUROPE IMPORT EXPORT INC

2. Principal Office Address
5029 SW 24th AVE
Suite, Apt. #, etc.

3. Mailing Office Address
5029 SW 24th AVE
Suite, Apt. #, etc.

City & State
FT. LAUD. / FL

City & State
FT. LAUD / FL

Zip Country
33312 USA

Zip Country
33312 USA

REINSTATEMENT 97-07

4. Date Incorporated or Qualified To Do Business in Florida 4/3/96

5. FEI Number 65-0655137 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

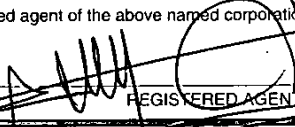
Name OMER GUVEN
Street Address (P.O. Box Number is Not Acceptable)
5029 SW 24th AVE
Suite, Apt. #, Etc.

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12/13/00--01105--008
***1200.00 ***1200.00

City
FT LAUDERDALE

State Zip Code
FL 33312

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 11/27/00

9. Names and Street Addresses of Each Officer and 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
Pres	OMER GUVEN	5029 SW 24 th AVE	FT. LAUD. / FL / 33312

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)(f), 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

11/27/00 (954)983-6557
Date Daytime Phone #

CR2E081 (9/99)