

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT 11 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000081796

1. Corporation Name

EURODISC, INC.

2. Principal Office Address

5423 North Bay Road

Suite, Apt. #, etc.

3. Mailing Office Address

5423 North Bay Road

Suite, Apt. #, etc.

City & State

Miami Beach, FL.

City & State

Miami Beach, FL.

Zip

33140

Country

USA

Zip

33140

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/1996

5. FEI Number

223479970

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

E.E. POGUNTKE

400008601104

10/25/02 01098-025 **150.00

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

5423 North Bay Road

Suite, Apt. #, etc.

City

Miami Beach

State
FL

Zip Code

33140

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

Elizabeth E. Poguntke

Date

10/10/02

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
PSTD	ELIZABETH E. POGUNTKE	5423 NORTH BAY RD. MIAMI BEACH, FL. 33140	MIAMI BEACH, FL. 33140

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 taxes 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)(b), 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:

Elizabeth E. Poguntke / ELIZABETH E. POGUNTKE

Date

10/10/02

Daytime Phone #

(305)

778-8438

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Reinstatement Section

October 10, 2002

Re: Eurodisc, Inc./Doc. Number 96000081796

To Whom it May Concern:

I would like to request the reinstatement of my above-mentioned corporation, which I understand was administratively dissolved on October 4, 2002 for failure to file the proper report(s) within the proper time frame. Please note that to the best of my knowledge, we have received neither the first nor the second 2002 notice of reinstatement and would therefore respectfully request that you consider permitting us to reinstate our corporation without needing to provide you with the requested \$600 fee. Your willingness to provide us with this waiver of the reinstatement fee would of course be most gratefully appreciated.

I thank you in advance for your kind attention to this matter and remain,

Sincerely,



Elizabeth E. Poguntke
President
Eurodisc, Inc.