

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR <i>ab-01</i> REINSTATEMENT	FLORIDA DEPARTMENT OF STATE
	Sandra B. Mortham
	Secretary of State
	DIVISION OF CORPORATIONS

FILED
99 MAR 29 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000048223

1. Corporation Name

European Lifestyle, Inc.

Principal Place of Business	Mailing Address
263 Chatham Circle	
Kissimmee, FL 34746	

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

REINSTATEMENT *98-99
1/29/99*

2. New Principal Office Address, if Applicable 100 E. Sybelia Avenue		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/02/97	
Suite, Apt. #, etc. suite 130		Suite, Apt. #, etc.		5. FEI Number 59-3468989	
City & State Maitland, FL		City & State		Applied For Not Applicable	
Zip 32751	Country Orange	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Busher, Philip A.	1 The Courtway Ackworth Near Pontefract West Yorkshire WF7-7NT United Kingdom	
			400002831544-4 -04/07/97-01006-013 ****900.00 ****900.00
D	Busher, Gail S.	1 The Courtway Ackworth Near Pontefract West Yorkshire WF7-7NT United Kingdom	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mel Pearlman, P.A.
2909 Lakeview Drive
Fern Park, FL 32730

Name
Sheri Kisling
Street Address (P.O. Box Number is Not Acceptable)
100 E. Sybelia Avenue
Suite, Apt. #, Etc.
Suite 130
City
Maitland
State
FL
Zip Code
32751

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

Sheri Kisling

REGISTERED AGENT MUST SIGN

Date 03/18/99

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 name 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: *Gail S. Busher*

Gail S. Busher

03/18/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #