

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 APR 10 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058220

1. Corporation Name

EURO/FLORIDA FUNDINGS, INC.

Principal Place of Business

1331 OLD OAK LANE  
NAPLES FL 34100

Mailing Address

1331 OLD OAK LANE  
NAPLES FL 34100



REINSTATEMENT

09-00

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

2. New Principal Office Address, If Applicable

800 Seagate Dr.

Suite, Apt. #, etc.

203

City & State

Naples FL

Zip

34103

Country

3. New Mailing Office Address, If Applicable

800 Seagate Dr.

Suite, Apt. #, etc.

203

City & State

Naples FL

Zip

34103

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/03/1997

5. FEI Number

65-0856835

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	City / State / Zip
1	2	3	4
P	BAHMS, MICHAEL	1331 OLD OAK LANE	NAPLES FL 34100
VS	BAHMS, PETRA	1331 OLD OAK LANE	NAPLES FL 34100

6000003213546--3  
-04/18/00--01115--007  
\*\*\*\*300.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

CHASTAND, LAWRENCE J  
4001 TAMiami TRAIL N.  
SUITE 285  
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E040 (8/99)