

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
EUROSOFT CORPORATION

2. Principal Office Address
703 LUCERNE AVE.

Suite, Apt. #, etc.
201

City & State
LAKE WORTH, FL

Zip
33460

Country
US

3. Mailing Office Address

Suite, Apt. #, etc.
SAME

City & State
SAME

Zip
SAME

Country
SAME

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida 09/16/1997

5. FEI Number
223538310

| |
|----------------|
| 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
DONALD HAINES

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

Suite, Apt. #, Etc.
201

City
LAKE WORTH FL

| | |
|-------|----------|
| State | Zip Code |
| FL | 33460 |

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

REGISTERED AGENT MUST SIGN

Date 9/18/04

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 |
|--------|--------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| DIR | DONALD HAINES | 703 LUCERNE AVE. STE 201 | LAKE WORTH, FL 33460 US |
| PRES | SAME | SAME | SAME |
| SEC | SAME | SAME | SAME |
| | | | |
| | | | <div data-bbox="990 1659 1446 1717"> <div>400042694664</div> <div>11/12/04--01053--010 **1650.00</div> </div> |
| | | | <div data-bbox="1308 1726 1446 1764">1050.00</div> |

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:

is true and accurate, and my signature shall have the same legal effect as if

Donald James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #