PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLEII	NG IHIS FU	ρ _Η Μ.		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEI Katherine Ha Secretary of S DIVISION OF CORPO	arris State				· San Good General	
DOCUMENT # P980000 4732			FILED				
1. Corporation realite	L INC.	99 NOV 22 PM 4: 26					
EURO CONJULTING	international		7	SECRETARY O	STATE		
Principal Place of Business	Mailing Address		-	ALLAHASSEE,	FLORIDA		
1001 Brightu BAY DR. # 1508	BAM	e					
MIDMI, FL 33131	0		RFIN	STATEN	PENIT	M	
If above addresses are incorrect in any way, line through incorrect information and enter correct. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 1 15 1996 3P			
City & State	City & State		5. FEI Number Applied For Not Applied be				
Zip Country	Zip Counti	y	6. CERTIFICATE	OF STATUS DESIRED		discretification general.	
7. Names and Street Addresses of Each Officer and/o							
Title(s) and/or Directors Offi		reet Address of Each ficer and/or Director se Post Office Box N		4	City / State / Zip	,	
P ANGELO PIZZUTO	1001 BRIC	1001 BRICHELL BAY DRIVE		MIAMI,	PL E	33/3/	
D ANDREW PIZZUCO 1001		Acces - RAN DALVE		MIAMI, PL 3313,			
						-	
			2000030635021				
		<u></u>	-12/07/9901082014 ****750.00 ****750.00				
				<u></u>			
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent O アルスシンてつ			
	ANGELO PIZZUTO Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE # 1508 Suite Ant. II Etc.						
Suite, Apt. #, Etc.				<u> </u>	, , , ,		
City MIAN					State Zip	3 3 / 3 /	
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 Re	GISTERED AGENT MUST SIGN		 _	Date //	18/91		
11. This corporation owes the Intangible Personal Proper		Yes	□ NoÆ		other side for in on intangible to	formation ax.)	
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 filling 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 TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DESTRICT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DESTRICT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE DATE DATE DATE DATE DATE							