

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -8 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000012821

1. Corporation Name

EURO-DESIGN HOMES, INC.

2. Principal Office Address

4050 SW 11TH TERRACE

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FLORIDA

Zip

33315

Country

USA

3. Mailing Office Address

4050 SW 11TH TERRACE

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FLORIDA

Zip

33315

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1998

5. FEI Number

650811701

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

DENNIS R. BEDARD

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

1717 N BAYSHORE DRIVE

Suite, Apt. #, Etc.

SUITE 215

City

MIAMI

State

FL

Zip Code

33132

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

[Signature]
REGISTERED AGENT MUST SIGN

Date JANUARY 7, 2003

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
PTSD	LALLEMAND, PHILLIPE	4050 SW 11 TERRACE	FT. LAUDERDALE, FL 33315

100028232751
02/05/04 01017 016 **900.00

03-04

REINSTATEMENT

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date 1/7/04

305 530 0795
Daytime Phone #

CR2E081 (10/02)