PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99AR

FILED
99 DEC 21 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000013277

1. Corporation Name
Jardim Europa Gifts and More Inc -

Principal Place of Business	Mailing Address
100 SE 1st street suite 21 Miami fl 33131	168 SE 1st street 12 Floor Miami Fl 33131

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
100 SE 1st street	168 SE 1st street
Suite, Apt. #, etc.: Suite 21	Suite, Apt. #, etc.: 12 Floor
City & State: Miami fl	City & State: Miami fl
Zip: 33131 Country: USA	Zip: 33131 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 2/10/98

5. FEI Number: 65 0813576 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
Presid.	Jose S Pfeffer	20211 NE 23 ct	N. Miami Beach. fl 33180
V. Pres.	Teresa R Pfeffer	20211 NE 23 ct	N. Miami. Beach. Fl 33180

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-12/29/99--01012--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

Jose S. Pfeffer
168 S.E 1st Street
12 Floor
Miami Fl 33131

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 12/17/99

11. This corporation owes 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 the effecting 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., the 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: _____ JOSE S. PFEFFER 12/17/99 (305)374-3902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #