PLEASE READ	ALL INSTRUCTIONS	AEPORE (	COMPLETING THIS FORM. •
ÅPPLICATION	FLOR DA DE A TME	IT OF STATE	
FOR	se ca y of	ita e	FILED
REINSTATEMENT	DIVISION OF LORPO	PRATIONS	99 DEC 21 PM 1: 39
DOCUMENT # PUSOODO 13277		SECRETARY OF STATE	
Jardim Europa Gifts and		TALLAHASSEE, FEORIDA	
More Inc.	1	•	
Principal Place of Business	Mailing Address		-
100 SE 1st street			
Suite 21 12 Floor Miami Fl 33131 Miami Fl 33131			
If above addresses are incorrect in any way, line th	•	correction below.	,
2. New Principal Office Address, If Applicable	SE ILT Street 168 SE 167 cheet		4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number
City & State 11	City & State	<del></del>	65 0 8/37 76 Not Applicable
Zip Country	Zip Count V.S		6. CERTIFICATE OF STATUS DESIRED   ENGRE AND INCOME AND INCOME.
7. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corpor		
Title(s) and/or Directors Office		reet Address of Each fficer and/or Director Jse Post Office Box N	r City / State / Zip
Presid. Jose S Pfeffer	20211 N	E 23ct	N. MISHI BEACH . FI 33180
V. Pres. Teresa R Pfeffe	20211 NE	zict	N.M. DM. BEACH_ F / 33180
			. 1000030825110 -12/29/9901012004
			****150.00 ****150.00
8. Name and Address of Current	Registered Agent	T	9. Name and Address of New Registered Agent
		Name.	
168 s.E ist sticet		Streef Address (P.O. Box Number is Not Acceptable)	
15 £100(		Suite, Apt. #, Etc.	
Miami F1 33131		City	State   Zip Code
10. I, being appointed the registered agent of the ad	ove named corporation, am familiar w	ith and accept the ol	
Signature of Registered Agent Date 12/17/15			
	~		, ,
11. This corporation over the current year Intangible Personal Property Tax due June 30.  Yes V No U (See other side for information on intangible tax.)			
			provided for in chapter 607 or 617, F.S. I further certify that
	names of individuals listed on this for	m do not qualify for	the requirements of section 607.0401 or 617.0401, F.S., the san exemption under section 119.07(3)(i), F.S. The information indicated roath.
Si and approximation to those and according, and my s	9	SOL NO IL HIERO OLIGO	, ,
SIGNATURE:	// lose s.	PFEHER	12/17/99 (305)3743902 Date Daytime Phone #
SIGNATURE AND THED OR HE	IN ED NAME OF SIGNING OFFICER OR	DIRECTOR	/ Date/ Daytime Phone #