PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 30 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069591 P98000069591

1. Corporation Name

EURO-LINE ENTERPRISES CORPORATION

Principal Place of Business	Mailing Address
262 MIRACLE MILE CORAL GABLES, FL 33134	ROTH, ROUSSO & BENJAMIN, P.A. PH2, 9350 S. Dixie HWY. MIAMI, FL 33156

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

REINSTATEMENT 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/10/98

SP

5. FEI Number: 65-0856082 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Fee Required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SCHENQUERMAN, WILLIAM A	262 MIRACLE MILE	MIAMI, FL 33134
VD	WAINER, JAVIER	262 MIRACLE MILE	MIAMI, FL 33134
TD	KRATSMAN, OSVALDO	262 MIRACLE MILE	MIAMI, FL 33134
SD	SCHENQUERMAN, GUILLERMO	262 MIRACLE MILE	MIAMI, FL 33134
			200003472592--7 -11/21/00--01057--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LEONARDO A. ROTH, ESQ.
ROTH, ROUSSO & BENJAMIN, P.A.
PH2, 9350 S. DIXIE HWY.
MIAMI, FL 33156

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

CR2E040 (12/98)

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: Leonardo A Roth — Date: 10/24/00

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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: William A. Schenquerman — (305) 446-9494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #