FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 22 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069591

1. Corporation Name

Euro-Line Enterprises Corporation

REINSTATEMENT 02-03

2. Principal Office Address	**3.** Mailing Office Address
P.O. Box 142131	P.O. Box 142131
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, Florida	City & State: Coral Gables, Florida

Zip	Country	Zip	Country
33114	U.S.	33114	U.S.

4. Date Incorporated or Qualified To Do Business in Florida   08/10/1998

5. FEI Number	Applied For
650856082	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: Douglas E. Ede, Esquire

Street Address (P.O. Box Number is Not Acceptable)   6333 Sunset Drive

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07/22/03--01056--001 **908 75

Suite, Apt. #, Etc.

City: South Miami,	State: FL	Zip Code: 33143

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 _____ D E Ede _____   REGISTERED AGENT MUST SIGN   Date 6/18/03

CR2E081 (10/02)

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
PD	William A. Schenquerman	P.O. Box 142131	Coral Gables, Fl 33114
SD	Guillermo Schenquerman	P.O. Box 142131	Coral Gables, Fl 33114

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: _____   6/18/03   (305) 592 1005

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