

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

00 MAR 29 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000090745

1. Corporation Name

EURO-ROAD INC.

800003204028--1
-04/11/00--01102--024
****150.00 ****150.00

800003204028--1
-04/11/00--01102--025
****150.00 ****150.00

800003204028--1
-04/11/00--01102--026
*****8.75 *****8.75

2. Principal Office Address

106 SOUTH FEDERAL HWY.

3. Mailing Office Address

106 S. FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL.

City & State

POMPANO BEACH FL.

Zip

33062

Country

BROWARD

Zip

33062

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/98

5. FEI Number

65-0916394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO

7. Name and Address of Current Registered Agent

Name

ROMAN TRYNDUS

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

320 SE.11 th AVE.

Suite, Apt. #, Etc.

APT. 108

City

POMPANO BEACH

State
FL

Zip Code

33060

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0502, F.S.

Signature of
Registered Agent

ROMAN TRYNDUS

REGISTERED AGENT MUST SIGN

Date

03/21/00

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	ZENON GOLEBIEWSKI	101 SE.6 th AVE.	POMPANO BEACH FL 33060
P	ROMAN TRYNDUS	2503 Harris Ave. #D	Key West, Florida 33040

99-60 AR TS

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 807 or 817, 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 807.0401 or 817.0401, 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 118.07(3)(f), 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:

ROMAN TRYNDUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/00

Date

Daytime Phone #

954 941 4570

EURO-ROAD INC.
106 SOUTH FEDERAL HWY.
POMPANO BEACH. FL 33062

FEBRUARY 21 2000

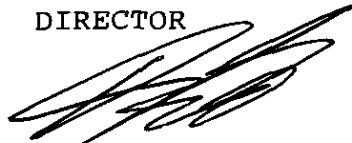
TO. FLORIDA DEPARTMENT OF STATE
KATHERINE HARRIS
SECRETARY OF STATE
DIVISION OF CORPORATIONS

I, don't receive any letter from the Office Division of Corporation, with Annual Report for year 1999.
The reason why..... because the address was not correctly write by the Department. Address which You have is not correct because the Article 4 only has correct mailing address, but You made mistake to write different City.

Please correct address the EURO-ROAD INC. with principal office address and mailing address.

THANK YOU.

DIRECTOR



ROMAN TRYNDUS