PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAR 29 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CORPORATION REINSTATEMENT

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

DOCUMENT # P 98000090745

1. Corporation Name
EURO-ROAD INC.

2. Principal Office Address	3. Mailing Office Address
106 SOUTH FEDERAL HWY.	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 ☐

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: ROMAN TRYNDUS Date: 03/21/00
REGISTERED AGENT MUST SIGN

GR2E081 (8/98)

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 GOLEBIEWSI	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 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: ROMAN TRYNDUS 03/21/00 9549414570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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