

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB 15 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000010832**

1. Corporation Name

WERNER'S EUROPEAN Imports, INC.

REINSTATEMENT

CR2E081 (11/10)

12-13

2. Principal Office Address - No P.O. Box #

106 WEST LIME STREET

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL.

Zip

34689

Country

U.S.A.

3. Mailing Office Address

106 WEST LIME STREET

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FLORIDA

Zip

34689

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02-01-1999

5. FEI Number

59-3555565

Applied For

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

WERNER HAASCH

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

106 WEST LIME STREET

Suite, Apt. #, etc.

City

TARPON SPRINGS

State

FL

Zip Code

34689

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-13-2013

500244781875
02/15/13--01033--025 **900.00

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
P	WERNER HAASCH	397 Old Oak Circle	PAIM HARBOR, FL 34683
V	MARKUS HAASCH	4917 MARLIN DRIVE	NEW PORT RICHEY, FL 34652
T	FRANCOISE HAASCH	550 RIVIERE ROAD	PAIM HARBOR, FL 34683
S	ELIZABETH HAASCH	397 Old Oak Circle	PAIM HARBOR, FL 34683

10. E-mail Address:

(To be used for future annual report notification)

11. 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. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Elizabeth Haasch **ELIZABETH HAASCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/13

Date

727 937-0557

Daytime Phone #