

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

01 FEB -7 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000034182

1. Corporation Name

EUROAMERICAN IMPORT & EXPORT  
GROUP, INC.

Mailing Address

Principal Place of Business

16411 Blatt Blvd #205  
Weston FL 33326

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

2. New Mailing Address, If Applicable

16411 Blatt Blvd  
Suite, Apt. #, etc. 205

City & State Weston FL

Zip 33326 Country Brazil

3. New Principal Office Address, If Applicable

Alfonso Gonzalez  
Suite, Apt. #, etc. 16411 Blatt Blvd

City & State Weston FL

Zip 33326 Country Brazil

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0927453

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
Pte	Alfonso Gonzalez	16411 Blatt Blvd #205	Weston FL 33326

200003743562  
-02/20/01-01084-0012  
\*\*\*\$900.00 \*\*\*\$900.00

8. Name and Address of Current Registered Agent

CARLOS GRANIZO  
110 Bonaventura Blvd.  
#205 Fort Lauderdale  
FL 33326

9. Name and Address of New Registered Agent

Name Alfonso Gonzalez  
Street Address (P.O. Box Number is Not Acceptable)  
16411 Blatt Blvd  
Suite, Apt. #, Etc. #205  
City Weston FL State FL Zip Code 33326

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

*Alfonso Gonzalez*

REGISTERED AGENT MUST SIGN

Date 1-16-01

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

KE

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

*Alfonso Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01 954-217-8215

Date Daytime Phone #

CR2E040 (6/94)