

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 MAR 22 AM 9:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000035715

1. Corporation Name

EUROCAPITAL SERVICE CORPORATION

Principal Place of Business

Mailing Address

905 BRICKELL BAY DRIVE SUITE 1629 MIAMI FL 33131

905 BRICKELL BAY DRIVE SUITE 1629 MIAMI FL 33131

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

REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0915524

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PD, THEUERMEISTER, WOLF, 905 BRICKELL BAY DRIVE, SUITE 16, MIAMI FL 33131.

300004063929-04/24/01-01067-008 *****908.75 *****908.75

8. Name and Address of Current Registered Agent

THEUERMEISTER, WOLF 905 BRICKELL BAY DRIVE SUITE 1629 MIAMI FL 33131

9. Name and Address of New Registered Agent

Name ZENDO CAPITAL, Inc. Street Address (P.O. Box Number is Not Acceptable) 905 Brickell Bay Drive Suite, Apt. #, Etc. Suite 1629 City MIAMI State FL Zip Code 33131

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

SIGNATURE for ZENDO CAPITAL, Inc Date 03, 19, 2001 REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE REQUIRED President

03, 19, 2001

Date

Daytime Phone #

305-372-0706

CR2E040 (8/00)