

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

905 BRICKELL BAY DRIVE
SUITE 1629
MIAMI FL 33131

Mailing Address

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.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1999

5. FEI Number

65-0915524

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	THEUERMEISTER, WOLF	905 BRICKELL BAY DRIVE, SUITE 16	MIAMI FL 33131

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] REGISTERED AGENT MUST SIGN Date 03, 19, 2001

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03, 19, 2001

Date

Daytime Phone #

305-3720706

CR2E040 (8/00)