

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000043182

1. Corporation Name

EURO-AMERICAN INVESTMENTS, INC.

Principal Place of Business

Mailing Address

1660 GULF BLVD. #307
CLEARWATER FL 33767

1660 GULF BLVD. #307
CLEARWATER FL 33767

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

2. New Principal Office Address, If Applicable

2551 DREW STREET

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 207

City & State

City & State

CLEARWATER FLORIDA

Zip

Zip

Country

USA

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1999

5. FEI Number

59-3578648

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
D	MAZAS, BILL W	1660 GULF BLVD, #307	CLEARWATER FL 33767

000004712180--1
-12/07/01--01003--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAZAS, BILL W
1660 GULF BLVD, #307
CLEARWATER FL 33767

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/19/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/01

Date

727-455-2290

Daytime Phone #

FILED

01 NOV 21 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01

CR2040 (8/01)