

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000100311

1. Corporation Name

EURASIAN AUTO, INC.

Principal Place of Business

Mailing Address

19821 S.W. 114TH AVE., UNIT 121
MIAMI FL 33157

19821 S.W. 114TH AVE., UNIT 121
MIAMI FL 33157

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

2. New Principal Office Address, If Applicable

18672 SW 105 Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

18672 SW 105 Ave

Suite, Apt. #, etc.

City & State

Miami

FL

City & State

Miami

FL

Zip

33157

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1999

5. FEI Number

65-0984482

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	CHIN, WILLIAM G	19821 S.W. 114TH AVE., UNIT 121	MIAMI FL 33157
ST	CHIN, ANNETTE A	19821 S.W. 114TH AVE., UNIT 121	MIAMI FL 33157
			600003506146--8 -12/19/00--01079-013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CHIN, WILLIAM G
19821 S.W. 114TH AVE., UNIT 121
MIAMI FL 33157

9. Name and Address of New Registered Agent

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

[Signature] **REGISTERED AGENT MUST SIGN**

Date

10.24.00

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] **REGISTERED AGENT MUST SIGN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.24.00