

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB -5 PM 2:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PC9000108850

1. Corporation Name

European Play and Freetime Corporation

2. Principal Office Address

1634 S.E. 47th Street

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33904

Country

US

3. Mailing Office Address

1634 S.E. 47th Street

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33904

Country

US

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/15/1999

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alexander Reus, Esq., Becker & Poliakoff, P.A.

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

5201 Blue Lagoon Drive, Suite 100

Suite, Apt. #, Etc.

600003677816-9
-02/13/01--01108-024
****908.75 ****908.75

City

Miami

State

FL

Zip Code

33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/1/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Dieter Roth	5240 SW 24th Place	Cape Coral, FL 33904
D	Guenther Treysse	An Weinberg 36	D-14547 Stuecken, Germany

KE

10. 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:

Dieter Roth

Dieter Roth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

305-262-4433

Daytime Phone #

CR2E081 (9/99)