

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
FILED


08 FEB 13 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*PH
2/14/08*

94-08

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S28778

1. Corporation Name
EUROAMERICAN CAPITAL CORPORATION

2. Principal Office Address - No P.O. Box # 801 Biscayne Blvd. Suite, Apt. #, etc. Suite 900 City & State Miami Zip 33131		Country USA		3. Mailing Office Address 801 Biscayne Blvd. Suite, Apt. #, etc. Suite 900 City & State Miami Zip 33131		Country USA	
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CR2E081 (12/07)

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 1/31/1991

5. FEI Number 650,25-3317

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Applied For Not Applicable

7. Name and Address of Current Registered Agent

Name
John Mitchell

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

Suite, Apt. #, Etc.
Suite 900

City
Miami

State
FL

Zip Code
33131

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *John Mitchell* Date 2/7/2008

REGISTERED AGENT MUST SIGN

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/P/S	John Mitchell	801 Biscayne Blvd. Suite 900	Miami/Florida/33131

500117964015
02/13/08--01028--022 **2550.00

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 contained in Chapter 119, 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: *John Mitchell* JOHN MITCHELL 2/7/2008 1-305-350-5645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

February 7, 2008

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Euroamerican Capital Corporation
Document #: S28778

Sir/Madam:

Euroamerican Capital Corporation was filed 1/31/1991 and the origination fees paid. The annual fee appears to be due for 1992 to 2008, which is 17 years. \$150 times 17 years equals \$2,550.00

Accordingly, attached is money order number 783216209, dated 2/7/2008, in the amount of \$2,550.00 payable to the Department of State.

Please reinstate Euroamerican Capital Corporation.

John Mitchell
1-305-335-0297 — CELL
euroamerican@hotmail.com
1-305-350-5645 — OFFICE