

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 13 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S50911

1. Corporation Name

Euro Design Enterprise Inc.

8420 NW 21 CT

8420 NW 21 CT

2. Principal Office Address

8420 NW 21 CT

Suite, Apt. #, etc.

City & State

Sunrise, FL.

Zip

33322

Country

Broward

3. Mailing Office Address

8420 NW 21 CT

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33322

Country

Broward

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida 5/6/91

5. FEI Number
650266301

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

Alfred A. Berkman

Street Address (P.O. Box Number is Not Acceptable)
8420 NW 21 CT

Suite, Apt. #, Etc.

City

Sunrise, FL

State
FL

Zip Code
33322

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 1/10/05

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
PD	Alfred a Berkman	8420 NW 21 CT	Sunrise, FL 33322
TD	Josette Berkman	8420 NW 21 CT	Sunrise, FL 33322

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED A. BERKMAN

Date

1/10/05

Daytime Phone #

954-931-5763

CR25081 (01/04)