

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 28 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **SS0911**

1. Corporation Name

**EURO DESIGN ENTERPRISE INC.
8420 NW 21 CT**

600163977256
12/28/09--01034--015 **608.75

2. Principal Office Address - No P.O. Box #

8420 NW 21 CT

Suite, Apt. #, etc.

3. Mailing Office Address

8420 NW 21 CT

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33322

Country

BROWARD

Zip

33322

Country

BROWARD

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

☒ 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

REGISTERED AGENT MUST SIGN

Date **12/23/09**

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

REINSTATEMENT

RR

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

ALFRED A. BERKMAN

12/23/09

954-931-5763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #