

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S92352

1. Corporation Name

THE EUROPEAN-AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

141 SEVILLA AVENUE
RLA BUILDING
CORAL GABLES FL 33134

141 SEVILLA AVENUE
RLA BUILDING
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0382594

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | LEVITT, RONALD L | 2573 EAGLE RUN LN | WESTON FL |
| D | LEVITT, GERALDINE | 2573 EAGLE RUN | WESTON FL |
| D | LEVITT, HOWARD | 12372 S.W. 94TH TERRACE | MIAMI FL |
| | | | |
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| | | | |

400003505824--3
-12/13/00--01057--016
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVITT, RONALD
141 SEVILLA AVENUE
CORAL GABLES FL 33134

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 REQUIRED

Date

11-14-01

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-14-01 (914) 345-2596

FILED

00 NOV 20 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

CR2E040 (8/00)