PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 23 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43725

1. Corporation Name

Sebring Eagles, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12921 Hwy US 98 S	12921 US Hwy 98 S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring	City & State: Fl.
Zip: 33876 Country: Highlands	Zip: 33876 Country: Highlands

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REINSTATEMENT 05-10

4. Date Incorporated or Qualified To Do Business in Florida: 6/4/1991

5. FEI Number: 593001227 ☐ 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: Joseph T. Waters
Street Address (P.O. Box Number is Not Acceptable): 2238 Preston Ave.
Suite, Apt. #, Etc.:
City: Sebring State: FL Zip Code: 33875

PROFIT CORPORATIONS ONLY
☐ The $600.00 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: Joseph T. Waters Date: 4/20/2010
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
See.	Joseph T. Waters	2238 Preston Ave	Sebring Fl 33875
Trustee	Richard Albers	209 Sparrow Ave	Sebring Fl 33872
President	Dennis Albers	4221 Maserati St.	Sebring Fl 33872

10. **E-mail Address:** TENN919@gmail.com
(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: Joseph T. Waters 4/20/10 9632148005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/26 aw