


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 19 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003273

1. Corporation Name

EAGLE TWO OCEANIC INC

2. Principal Office Address

219 Sheridan

Suite, Apt. #, etc.

City & State

LONGWOOD FL

Zip Country
32750 USA

3. Mailing Office Address

385G KAELEPULU DR

Suite, Apt. #, etc.

City & State

KAILUA HI

Zip Country
96734 USA

4. Date Incorporated or Qualified To Do Business in Florida

7/21/93

5. FEI Number

59-3310945

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

TEENA DONOVAN

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

219 Sheridan

Suite, Apt. #, Etc.

City

LONGWOOD

State
FL

Zip Code

32750

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

Teena Donovan

REGISTERED AGENT MUST SIGN

Date

03/03/04

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
P/H/D	WINSTON R. DAVIS	385G KAELEPULU DR	KAILUA HI 96734
S/D	TEENA DONOVAN	219 SHERIDAN	LONGWOOD FL 32750
D	JAMES DONOVAN	219 SHERIDAN	LONGWOOD FL 32750

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:

Teena Donovan PRESIDENT

Date

2/27/04 (808)262-1152

Daytime Phone #

CR22991 (01/04)

Eagle Two Oceanic, Inc.
385 G Kaelepu Drive
Kailua Hawai'i 96734
Phone: (808)262-1152 (877)220-1651 Extension 1550
email: davisw011@hawaii.rr.com



February 26, 2004

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

RE: Request for Waiver of Reinstatement Fee, Eagle Two Oceanic, Inc.

Dear Ladies and Gentlemen:

Enclosed is our application for reinstatement and a check for the \$61.25 annual report fee for the year 2003.

We did not receive the form for annual reporting despite our belief that we had notified your office of our new address for mailing.

Please do not hesitate to contact me if you have any questions.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Winston R. Davis".

Winston R. Davis
President

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