

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072219

1. Corporation Name

EAGLE INTERNATIONAL, INC. A PUBLIC RELATIONS COM
PANY

Principal Place of Business

Mailing Address

150 E SAMPLE RD
SUITE 320
POMPANO BEACH FL 33064

150 E SAMPLE RD
SUITE 320
POMPANO BEACH FL 33064

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

07/19/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1125575

Not Applicable

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
PD	RANGE, BRANDON E	2649 NE 13TH AVE	POMPANO BEACH FL 33064
PD	RANGE, BRANDON E	2649 NE 13 AVE	POMPANO BEACH, FL 33064

200021250962
10/29/03--01021--011 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

RANGE, BRANDON

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

150 E SAMPLE RD

Suite, Apt. #, Etc.

SUITE 320

City

POMPANO BLH

State

FL

Zip Code

33064

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~
REGISTERED AGENT MUST SIGN

Date ~~Oct 14, 2003~~

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

BRANDON RANGE - PRES Oct 14 2003 9547816911

Date

Daytime Phone #

CR2E040 (7/03)