

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 13 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000106070

1. Corporation Name

Eagle One International, Inc.

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

1000 West Central Boulevard

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32805

Country

USA

3. Mailing Office Address

1000 West Central Boulevard

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32805

Country

USA

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/02

5. FEI Number

761671545

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

Richard S. Taylor, Jr.

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

531 Dog Track Road

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

☐ 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 September 10, 2007

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
VSTD	Robert H. Gentry, III	5750 Oak Hollow Lane	Oviedo, FL 32765
PD	Cheston R. Gentry	2792-B Curry Ford Road	Orlando, FL 32806

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 407-808-1151
09/10/07
Date

Daytime Phone #