

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 H. Wayne Harris
 Secretary of State
 DIVISION OF CORPORATIONS

QJAR

FILED

99 OCT 25 AM 11:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000071675**

1. Corporation Name
3 EAGLES AVIATION, INC.

Principal Place of Business 1207 NORTH HIMES SUITE 3 TAMPA FL 33607-5041	Mailing Address 1207 NORTH HIMES SUITE 3 TAMPA FL 33607-5041
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 1207 N. HIMES AVE Suite, Apt. #, etc. SUITE 6 City & State TAMPA FL Zip 33607-5841 Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. SUITE AS City & State # 2 Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 08/28/1996	5. FEI Number 59-3399978 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	HENRIQUEZ, KENNETH R	1207 N HIMES AVE # 6	TAMPA FL
VP	SELLERS, JOHN G	1207 N HIMES AVE # 6 138 N. MOON AVE, STE B	TAMPA FL BRANDON FL 33510
S	ARENS, RICHARD F	1207 N HIMES AVE # 6	TAMPA FL
			688883834126--1 -11/03/99--01069--005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent EVANS, NOEL K ESQ 201 EAST KENNEDY BOULEVARD SUITE 4500 TAMPA FL 33602	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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]* Date: _____
 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]* **Richard F. Arens**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *Oct 21 99* 813-873-7358
 Daytime Phone #

CR2E040 (8/99)

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**3 EAGLES AVIATION, INC.
1207 No. NIMES AVE., SUITE 6
TAMPA, FL 33607-5041**

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PHONE: (813) 873-7358
FAX: (813) 879-0758

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

October 21, 1999

Ref: Doc.#P96000071675, 3Eagles Aviation, Inc.
Telecom, John Sellers and Stacey, 10-20-99

Dear Stacey,

As was discussed in yesterday's conversation, this letter is to request reinstatement without penalty for 3 Eagles Aviation, Inc. for 1999. Due to a move by Mr. Sellers in early spring, and the subsequent forwarding of the majority of 3 Eagles mail, some of which had been lost or returned to sender, 3 Eagles had not received your January and June notices. In fact, this current notice was also erroneously forwarded to Mr. Seller' new address, which prompted the call to your office yesterday. We sincerely regret not filing our annual report with you in a timely fashion and will establish internal procedures to prevent a future occurrence.

Thank you for your assistance in this matter.

Sincerely,



Richard F. Arens, Secretary
3 Eagles Aviation, Inc.