

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 10 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000071521**

1. Corporation Name

EAGLE MAINTENANCE & SERVICES, INC.

300041325333
9/24/04--01064--010 **150.00

REINSTATEMENT 03-04

2. Principal Office Address

5889 AIRPORT ROAD

3. Mailing Office Address

P.O. Box 10322

Suite, Apt. #, etc.

321

Suite, Apt. #, etc.

City & State

Port Orange Florida

City & State

Dunedin Beach, Fla.

Zip

32128

Country

Volusia

Zip

32120

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

7/20/2001

5. FEI Number

593738344

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

Keith Grumer

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

One East Broward Blvd.

Suite, Apt. #, Etc.

Suite 1501

City

Ft. Lauderdale

08/10/04 01059 007 \$758.75

State

FL

Zip Code

33301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

Date

9/8/04

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
P.D.	Reese L. Parnock	5889 Air Port Rd.	Port Orange FL 32128

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/04
Date

386-761-9947
Daytime Phone #

CR2001 (01/04)