

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 377894

1. Corporation Name

**Eagle Associates, Inc.**

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

3. Mailing Office Address

10734 Richmond Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cooper City, FL

Zip

Country

33026

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business In Florida

February 1971

5. FEI Number

59-1366693

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
bring current

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lydia Cannizzo

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

8759 SW 53rd Street

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33328

100275177121  
07/17/15--01032--028 \*\*1350.00

JUL - 8 2015

D CONNELL

2011-2015

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

*Lydia B. Cannizzo*

REGISTERED AGENT MUST SIGN

Date

6/26/2015

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	George E. Locke	10734 Richmond Place	Cooper City, FL 33026

10. E-mail Address: gelocke72@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/26/2015 305 335 2312