

10/10/01 WED 09:56 FAX 954 776 3809

LEON MORRISM

002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 548815

1. Corporation Name

FLORIDA EAGLE INDUSTRIES, INC.

2. Principal Office Address

4000 NE 10TH WAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

FLORIDA 33064

Zip

33064

Country

USA

Zip

33064

Country

USA

4. Date Incorporated or Qualified
to Do Business in Florida

1977

5. FEI Number

59-1773471

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

C. Glenn Leonard

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

4875 North Federal Highway, 10th Floor

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code

33308

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

Date 10/12/01

REGISTERED AGENT MUST SIGN

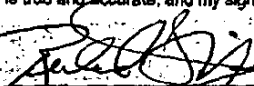
8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Office and/or Director	City / State / Zip
P.	Robert Stefanik	911 S.W. 17th Street	Boca Raton, FL
Sec.	Shirley Stefanik	911 S.W. 17th Street	Boca Raton, FL
VP	Richard Stefanik	4155 NW 67th Terrace	Coral Springs, FL 33067
VP	Michael Stefanik	450 SW 6th Avenue	Boca Raton, FL 33486

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the fees owed by the corporation have been paid and the names of individuals listed on this application are true and accurate, and my signature shall have the same legal effect as if made under oath.

to execute this application as provided in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the fees owed by the corporation have been paid and the names of individuals listed on this application are 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

 10/10/2001 (954) 941-4444
 Date Daytime Phone #