PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 16 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****750.00 ****750.00

DOCUMENT # 548815

1. Corporation Name
FLORIDA EAGLE INDUSTRIES, INC.

2. Principal Office Address	3. Mailing Office Address
4000 NE 10 TH WAY	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.:

REINSTATEMENT 01

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: X C. Glenn Leonard Date: 10/12/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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 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: Richard Stefanik VP 10/10/2001 (954)941-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #