

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 MAR 20 PM 4:55

STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F08471

1. Corporation Name

EAGLE CONSULTING ~~ENTER~~ INC.

2. Principal Office Address

109 HAWKSBILL WAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Zip  
33458

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/1980

5. FEI Number

59-2047519

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

RICHARD W. SCHMADER

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

109 HAWKSBILL WAY

Suite, Apt. #, Etc.

City

JUPITER

State  
FL

Zip Code

33458

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

*Richard W. Schmader*

REGISTERED AGENT MUST SIGN

Date 3/2/2006

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
Pres	Richard W. Schmader	109 Hawkskill way	Jupiter, FL 33458
VP	Blanche Schmader	109 Hawkskill way	Jupiter, FL 33458

900070443259  
04/14/06--01023--023 \*\*2472 50

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 contained in Chapter 119, 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

*Richard W. Schmader*

3/15/06 561-746-409

Date

Daytime Phone #

2072

Richard W. Schmader  
109 Hawksbill Way  
Jupiter, FL 33458

Phone: 561-746-4109

March 3, 2006

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Attention: Mr. Gary Bankenbaker

Re: Eagle Consulting Inc. F08471

Gentlemen:

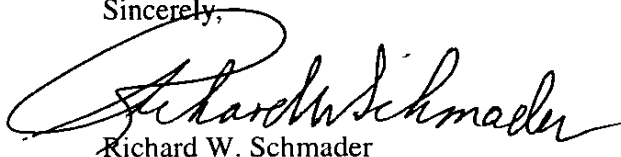
First, I want to thank Mr. Bankenbaker for his kind help for an old 83-year old man who has had health problems, changed my residence and never received any notice of not paying the registration fee. Because I have no record of receiving the notice I respectfully request that you waive the reinstatement fee. Please note that I have continued each year to file the corporate income tax.

In accordance with your letter of February 17, 2006, I am enclosing per your request a check in the amount of \$2472.50 for reinstatement.

Also, per your request, I am enclosing a separate check in the amount of \$35.00 for the amendment fee. Nothing changed except the name from Eagle Consulting Inc., to Eagle Consulting Jupiter Inc., since the former name is no longer available.

I trust that I have filled out the corporate reinstatement forms. If you have any questions, please contact me.

Sincerely,



Richard W. Schmader