

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 29 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004890

1. Corporation Name

EAGLE ENTERPRISES INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9261 SAN BERNADINO AVE
Suite, Apt. #, etc.

City & State
ENGLEWOOD FL.

Zip Country
34224 CHARLOTTE

3. New Mailing Office Address, If Applicable

9261 SAN BERNADINO AVE.
Suite, Apt. #, etc.

City & State
ENGLEWOOD FL.

Zip Country
34224 CHARLOTTE

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT. 24, 1996

5. FEI Number

22-3348517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	Robert Binford	9261 San Bernadino Ave.	Englewood FL. 34224
SEC. TREAS.	ROSEMARIE ZAMMIT	9261 San Bernadino Ave.	ENGLEWOOD FL. 34224

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***908.75 ***908.75

REINSTATEMENT

B 9/30

8. Name and Address of Current Registered Agent

Robert Binford

9. Name and Address of New Registered Agent

Name

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

9261 San Bernadino Avenue

Suite, Apt. #, Etc.

City

ENGLEWOOD

State

FL

Zip Code

34224

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/24/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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

ROBERT BINFORD

Date

9/24/98

Daytime Phone #

18004500908

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