PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	FILED 01 AUG 22 PM 4: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # File # F9900000l669

1. Corporation Name

Americom Eagle, INC.

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400004561034--8
-08/29/01--01006--003
****908.75  ****908.75
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2. Principal Office Address
499 Sheridan Street

Suite, Apt. #, etc.
#302

City & State
Dania Beach, FL.

Zip 33004   Country USA

3. Mailing Office Address

Suite, Apt. #, etc.
~~SAME~~

City & State
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Zip   Country

4. Date Incorporated or Qualified To Do Business in Florida 03/30/1999

5. FEI Number 65-0768995   ☐ 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 L. Oetting

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

Suite, Apt. #, Etc.
#302

City DANIA Beach FL.   State FL   Zip Code 33004

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 _____   Date 08·20·01
REGISTERED AGENT MUST SIGN

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
C P	Oetting, Richard L.	499 Sheridan Street	Dania Beach, FL. 33004
		REINSTATEMENT 2000-01	

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: _____   08·20·01   (305)992-5312 (954)433-9262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/00)