

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # H72797

1. Corporation Name

EAGLE DEMOLITION CO., INC.

Principal Place of Business

7314 NUNDY AVE
GIBSONTON FL 33534
US

Mailing Address

P. O. BOX 0178
GIBSONTON FL 33534
US

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1985

5. FEI Number

50-2553148

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	4 City / State / Zip
PD	SHULNBURG, R. V.	7314 NUNDY AVE	GIBSONTON FL
D	REDMOND, FRANCIS	7314 NUNDY AVE	GIBSONTON FL

888883031768--1
-11/02/99--01020--003
*****750.00 *****750.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

PERLMAN, JOSEPH N.
1101 BELCHER RD.
SUITE B
LARGO FL 34641

9. Name and Address of New Registered Agent

Name
Michael R. Carey
Street Address (P.O. Box Number is Not Acceptable)
712 South Oregon Avenue
Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33606

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

Michael R. Carey

REGISTERED AGENT MUST SIGN

Date Oct. 18, 1999

11. 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

Handwritten signature

Date

Daytime Phone #

10/13/99 813-677-2555