\ \s	PLEASE READ PLICATION FOR ISTATEMENT	LO IF	A DEPARTME Sandra B. Mor Socretary of S	NT OF STATE  rtham  State	7		ED
DOCUMENT # J71337					98 DEC -2 AM 9: 23		
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE. FLORIDA		
EAGLE GOLF, INC.						TALLAHASSI	E. FLORIDA
Principal P	lace of Business	ess	<del>-</del>				
% JOHN J. LYONS % JOHN J. 1605 MAIN ST #1111 1605 MAIN- SARASOTA FL 34236 SARASOTA			LYONS 5T #1111 FL 34236				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable					4. Date Incorp.	orated or Qualified	
Suite, Apt.	#, etc.	1122 Suite, Apt. #,	etc.	H AVE	To Do Busir	ness in Florida	05/06/1987
City & State  SAPADIO FL SHP			TOTA FI		5. FEI Number	59-2843773	Applied For Not Applicable
Zip 34	236 Country 5A	Zip 3 4.2-	Country 36		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer and/o	or Director (Flor		tions must list at lea			STANDAR AND SECOND STANDARD
Title(s)				icer and/or Director Post Office Box Nu	mbers)	City	/ State / Zip
D	ROSS, STANFORD H.	615 N. OWL DR.	315 N. OWL DR.		SARASOTA FL		
D	LUTKOFF, SUZANNE G.	3444 WINDING OAKS DR.			LONGBOAT KEY FL	Ab	
D	WERTHEIMER, BRUCE	468 PARTRIDGE CIR.			SARASOTA FL		
					900027075093		
					****275.00 ****275.00 9000027075093		
					»	-12709798	01074008 00 ****275.00
	8. Name and Address of Current R	egistered Age	nt		9. Name and A	****275.0	
Name BRUZ					E WESTHERMER		
1605 MAIN ST.				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 1111 Suite, Apt. #, Etc.							
City S AR. A					30 TA	F	tate Zip Code L 3 4 2 3 6
Signature of RELIGIOURED RECILIER							
Registered Agent Date 11 July 8  REGISTERED AGENT MUST SIGN							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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: STATUS URESTANCES 11-3798 941365313 11-3798 Date Daytime Phone #							

To:

STATE OF PLODIDA BENT. OF STATE

5145

FOR PUNESTATE HEAT OF CORPORATIONS
FOR EUROS TOTE HEAT OF CORPORATIONS
TOOL GOVE ALONG WITH OUR
CHECKS TOTALING 353.

ALSO EMONSED 15 A COPT &
THE FORM WE SUBMITTED 8/31/18
WHICH ADDERES TO HAVE BEEN LOST
ALEXE WITH OUR CHECKS.

MR ED SAMMY OF TOUR OFFICE SAID YOU UPULD RE-INSTATE TITE CORPORATION WITHOUT PENELTY DUE TO THE LOST PADERUPORK

> Towns TOEV SHILOSS S. H. ROSS