

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **J74721**

1. Corporation Name

**EAGLE LAND & CATTLE CO., INC.**

99 OCT 22 PM 2:36

Principal Place of Business

5116 E. SHADOWLAWN AVE  
TAMPA FL 33610  
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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/26/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3014663

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PVS	SHULNBURG, R. V.	7314 NUNDY AVE	GIBSONTON FL
TD	REDMOND, FRANKIE	7413 NUNDY AVE	GIBSONTON FL

100003031771--2  
11/02/99 01020 005  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

10/13/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERLMAN, JOSEPH N  
1101 BELCHER RD S #B  
LARGO FL 34641

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*

Date **Oct. 18, 1999**

REGISTERED AGENT MUST SIGN

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:

*Michael R. Carey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99

Date

813-677-2555

Daytime Phone #