

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 JUL 29 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K02952

**1. Corporation Name**

FLYING DOUBLE EAGLE, INC.

100022357361  
08/15/03--01061--007 \*\*2845.00

100022357361  
08/15/03--01061--006 \*\*8.75

88-03

**2. Principal Office Address**

95 S. FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

33432

Country

USA

**3. Mailing Office Address**

95 S. FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

33432

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/19/1987

**5. FEI Number**

01-0792733

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

KENNETH G. STEVENS

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

412 N.E. 4TH STREET

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33301

**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

*Kenneth G. Stevens*  
REGISTERED AGENT MUST SIGN

Date JULY 21, 2003

**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
D	KENNETH G. STEVENS	412 N.E. 4TH STREET	FT. LAUDERDALE, FL 33301

**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:

*Kenneth G. Stevens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-2003

Date

Daytime Phone #

CR2E081 (10/02)