

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



DATE OF REINSTATEMENT  
Ji Smith  
Secretary of State  
DIVISION OF CORPORATIONS

601000022348

1. DOCUMENT # L01000022348

Name and Mailing Address

03 JAN -2 PM 6:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

0009024 01 FP 0.352 \*\*PRSR HO 0 0615 32112-281629



EAGLE ONE PROPERTIES, L.L.C.  
229 S. PROSPECT STREET  
CRESCENT CITY FL 32112-2816

600009805106

01/03/03--01031--004 \*\*200.00

MJH



112 2002-2003

2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
229 S. PROSPECT STREET CRESCENT CITY FL 32112		12/21/2001	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		01-0597094	
		Applied For	
		Not Applicable	
8. Name and Address of Current Registered Agent		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
GALTON, ALBERT S 229 S. PROSPECT STREET CRESCENT CITY FL 32112			
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent		Date	
		12/30/02	
REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GALTON, ALBERT S	229 S. PROSPECT ST.	CRESCENT CITY FL 32112

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 12/30/02 386 698 1358

Typed or printed name of signing Managing Member/Manager ALBERT S. GALTON

CR2E084 (8/02)