

L02000028860

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT - 8 PM 5:39

DOCUMENT # L02000028860

1. Limited Liability Company's Name

EAGLE INTERNATIONAL INVESTMENT
HOLDINGS, LC

500023643915
10/08/03--01029--021 **150.00

2. Principal Office Address

1133 MARIANA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

US

3. Mailing Office Address

1133 MARIANA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

US

4. State/Country of Formation

FL / USA

**5. Date Organized or Qualified
To Do Business in Florida**

OCT 30, 2002

6. FEI Number

76 76 36 262

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

RONALD J. WILKINS

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

1133 MARIANA AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

9. 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

Ronald J. Wilkins
REGISTERED AGENT MUST SIGN

Date

9-30-03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RONALD J. WILKINS	1133 MARIANA AVE	CORAL GABLES, FL 33134

REINSTATEMENT
REINSTATEMENT

2003

11. 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

Ronald J. Wilkins

Date

9-30-03

Daytime Phone #

305-778-1917

Typed or printed name of signing Managing Member/Manager

RONALD J. WILKINS

CR2E041 (10/02)