

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L55111

1. Corporation Name

Eagle National Corporation

REINSTATEMENT 98-02

2. Principal Office Address

7676 Woodway

Suite, Apt. #, etc.

238

City & State

Houston, TX

Zip

77063

Country

U.S.A.

3. Mailing Office Address

7676 Woodway

Suite, Apt. #, etc.

238

City & State

Houston, TX

Zip

77063

Country

U.S.A.

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

03/5/1990

5. FEI Number

76-0310203

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

300008972873
11/13/02--01083--082 **1358.75

7. Name and Address of Current Registered Agent

Name

Luke Wong

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

1117 Axlewood Circle

Suite, Apt. #, Etc.

City

Brandon

State
FL

Zip Code
33511

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

REGISTERED AGENT MUST SIGN

Date

11/12/02

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
PD	Margery Au	C-1, 9/F, 31 Conduit Road	Hong Kong
S	Phillip Peacock	7676 Woodway #238	Houston, TX 77063

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:

Phillip Peacock

Phillip Peacock, Secretary 11/12/02 713-784-6102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

jr 11/12