

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 NOV 13 AM 10:21

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000001450**

EAGLE STEEL-PLUS HOMES LC  
3020 GATEWAY DR.  
POMPANO BEACH FL 33069

1a. Principal Place of Business Address

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33069

Broward

3. Date Organized or Qualified

3a. State of Formation

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

William J KANE  
3020 GATEWAY DR  
POMPANO BEACH FL 33069

Name

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

700002694347--S

Suite, Apt. #, etc.

-11/23/98--01134--005

\*\*\*688.75 \*\*\*688.75

City

Zip Code

FL

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

William J Kane

Date 10-30-98

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	William J Kane	3020 GATEWAY DR	POMPANO BEACH FL 33069
MGR	GARY GIESEKE	3020 GATEWAY DR	POMPANO BEACH FL 33069

**REINSTATEMENT**

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

William J Kane

Date 10-30-98

Daytime Phone # 954 9703093

Typed or printed name of signing Managing Member/Manager

William J Kane