

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 NOV -1 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001208

1. Corporation Name

FLORIDA EAGLE SERVICE CORPORATION

Principal Place of Business

1432 6TH ST  
WEST PALM BEACH FL 33401

Mailing Address

1432 6TH ST  
WEST PALM BEACH FL 33401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

REINSTATEMENT 96 ad

Suite, Apt. #, etc.

455 HAWTHORNE DR

Suite, Apt. #, etc.

City & State

LAKE PARK, FL

City & State

Zip

33403

Country

UNITED STATES

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/14/1985

5. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>D</del>	<del>SIDERS, AVERY T</del>	<del>1432 6TH ST</del>	<del>WEST PALM BEACH FL 33401</del>
<del>D</del>	<del>SIDERS, MAE</del>	<del>1432 6TH ST</del>	<del>WEST PALM BEACH FL 33401</del>
D	SIDERS, ANTHONY	1432 6TH ST	WEST PALM BEACH FL 33401
P	SIDERS, AVERY T	455 HAWTHORNE DR.	LAKE PARK, FL 33403
<del>D</del>	<del>SIDERS, MAE</del>	<del>455 HAWTHORNE DR.</del>	<del>LAKE PARK, FL 33403</del>
<del>D</del>	<del>SIDERS, ARIA T</del>	<del>455 HAWTHORNE DR.</del>	<del>LAKE PARK, FL 33403</del>

8. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E VIRGINIA ST  
SUITE 1  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

AVERY T. SIDERS

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

455 HAWTHORNE DR

Suite, Apt. #, Etc.

100001998491-2

-11/07/96-01015-006

City

LAKE PARK

State

FL 33403

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Avery T. Siders* REQUIRED  
REGISTERED AGENT MUST SIGN

Date

Sept 27, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

*Avery T. Siders* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 27, 1996

Date

Daytime Phone

(561) 845-9118