

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

22 MAR -4 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001208

1. Corporation Name

FLORIDA EAGLE SERVICE CORPORATION

Principal Place of Business

Mailing Address

426 BAYBERRY DRIVE  
LAKE PARK, FL 33403

same

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

2. New Principal Office Address, If Applicable  
426 BAYBERRY DRIVE

3. New Mailing Office Address, If Applicable  
same

4. Date Incorporated or Qualified  
To Do Business in Florida

3/14/1995

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

LAKE PARK, FL

Zip  
33403

Country  
USA

Zip

Country

5. FEI Number

65-0703728

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	AVERY T. SIDERS	426 BAYBERRY DRIVE	LAKE PARK, FL 33403
D	MAE SIDERS	426 BAYBERRY DRIVE	LAKE PARK, FL 33403
D	ANTHONY SIDERS	426 BAYBERRY DRIVE	LAKE PARK, FL 33403
D	ADRIA T. SIDERS	426 BAYBERRY DRIVE	LAKE PARK, FL 33403

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\*\*\*\*358.75 \*\*\*\*358.75

8. Name and Address of Current Registered Agent

AVERY T. SIDERS  
426 BAYBERRY DRIVE  
LAKE PARK, FL 33403

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc

City

State Zip Code

FL

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*  
REGISTERED AGENT MUST SIGN

Date

2-17-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

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

2-17-99

Date

(561-615-7700)  
Daytime Phone #