

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT**

CR2E081 (1/07)

DOCUMENT # N-9700005548  
1. Corporation Name Port Charlotte Eagle's Nest, Inc.

2. Principal Office Address - No P.O. Box # <u>4868 B Tamiami Trail</u>		3. Mailing Office Address <u>P.O. Box (3249)</u> <u>15151 Cass Dr.</u>	
Suite, Apt. #, etc. <u>B</u>		Suite, Apt. #, etc. <u>#1</u>	
City & State <u>Port Charlotte FL</u>		City & State <u>N. Ft Myers FL</u>	
Zip <u>33980-3053</u>	Country <u>USA</u>	Zip <u>33918-3249</u>	Country <u>LISA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>9/29/1997</u>		
5. FEI Number <u>650784541</u>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name Billy Cass

Street Address (P.O. Box Number is Not Acceptable)  
15151 Cass Dr.

Suite, Apt. #, Etc.  
#1

City Punta Gorda State FL Zip Code 33982

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 William H. Cass Jr. Date 10/25/07

REGISTERED AGENT MUST SIGN

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
C	Jim Swindler	15046 Buckeye Dr.	Ft Myers FL 33905
PD	Billy Cass	15151 Cass Dr., #1	Punta Gorda FL 33982
S	Beverly Cass	15151 Cass Dr., #1	Punta Gorda FL 33982

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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 contained in Chapter 119, 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: James S Swindler Date 10/25/07 (239) 693-8607  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

12/6/07