

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 17 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004883

1. Corporation Name

Eagle's Wings Development Center

2. Principal Office Address

501 N.W. 1st Ave

Suite, Apt. #, etc.

#

City & State

Hallandale Beach, FL

Zip

33009

Country

Broward

3. Mailing Office Address

501 N.W. 1st Ave

Suite, Apt. #, etc.

City & State

Hallandale Beach, FL

Zip

33009

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

8/16/99

5. FEI Number

650957010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTHONY SANDERS  
Eagle's Wings Development Center

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

1005 NW 7th Ave

Suite, Apt. #, Etc.

HH

City

Hallandale

State  
FL

Zip Code

33009

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

Anthony Sanders

REGISTERED AGENT MUST SIGN

Date 1-3-03

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
Officer	Aev. Josh Brown	501 NW 1st Ave	Hallandale, FL 33009
Officer	Lynis Evans	5546 W. Oakland Pk Blvd	Lauderhill, FL 33313
Dir.	Jessica Sanders	1005 NW 7th Ave	Hallandale, FL 33009
T	Gail Braynen	1083 NW 7th Ct	Hall. FL 33009

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:

Anthony Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/03

Date

954-540-5200

Daytime Phone #

CR2E081 (10/02)



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

February 4, 2003

EAGLE'S WINGS DEVELOPMENT CENTER, INC.  
501 N.W. 1ST AVE  
HALLANDALE BEACH, FL 33009

SUBJECT: EAGLE'S WINGS DEVELOPMENT CENTER, INC.  
Ref. Number: N99000004883

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We have received your document for EAGLE'S WINGS DEVELOPMENT CENTER, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 603A00002654