

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$150.00

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000046172

Corporation Name  
AMERICAN EAGLE TELECOM, INC.

Principal Place of Business

Mailing Address

5100 N. FEDERAL HWY., SUITE 409  
FT. LAUDERDALE FL 33308

5100 N. FEDERAL HWY., SUITE 409  
FT. LAUDERDALE FL 33308

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/05/2000

5. FEI Number

65-100-6117

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	City / State / Zip
D	LEGEL, LARRY	5100 N. FEDERAL HWY., SUITE 409	FT. LAUDERDALE FL 33308
P	Gleason, Stephen	2436 N. Federal # 302	Lighthouse Point, FL 33064

8. Name and Address of Current Registered Agent

LEGEL, LARRY  
5100 N. FEDERAL HWY., SUITE 409  
FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name  
Stephen Gleason  
Street Address (P.O. Box Number is Not Acceptable)  
2436 N Federal Hwy  
Suite, Apt. #, Etc.  
# 302  
City  
Lighthouse Point  
State  
FL  
Zip Code  
33064

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

REGISTERED AGENT MUST SIGN

Date 10/23/01

11. 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

Stephen Gleason

Date 10/23/01

Daytime Phone #

954-428-0414



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Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that we have never received any mailings in reference to annual reports. Please forward any mail to the address provided and we will be sure to pay any fees associated with our corporation. As per your request I have enclosed a check for \$150.00. If you should have any questions please feel free to give me a call.  
Thank you,

Stephen D. Gleason

President

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*Corporate Office*  
2436 North Federal Highway, Suite 302  
Lighthouse Point, Florida 33064  
Toll Free (800) 364-3417  
Email: [stephen2@mediaone.net](mailto:stephen2@mediaone.net)