Aug 20 12 09:43a casimir

PLEASE READ ALL INSTRUCTIONS BEFORE (

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 AUG 20 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR22081 (11/10)

DOCUMENT # p00000061437

1. Corporation Name: Eagle Eye Contractor Corp

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1325 NE 137 Street	1325 NE 137 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: North Miami FL	City & State: North Miami FL
Zip: 33161 Country: U.S.A	Zip: 33161 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 06/21/2000

5. FEI Number: 65-1027222 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CASIMIR SERAPHIN

Street Address (P.O. Box Number is Not Acceptable): 1325 NE 137 Street

Suite, Apt. #, Etc

City: North Miami State: FL Zip Code: 33161

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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: _____ Date: 08/17/2012

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
	Owner	1325 NE 137 Street	North miami FL 33161
	CASIMIR Seraphin		
S.	FRANCESS Seraphin	1325 NE 137 Street	North miami FL 33161

10. E-mail Address: Eagle Eye Contractor@yahoo.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 08/17/2012 305-893-4549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #