Division of Corporations **Electronic Filing Cover Sheet** 

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(((H16000302669 3)))



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To:

Division of Corporations

Fax Number : (850)617-6384

Account Name : CAPITOL SERVICES, INC.

DEC 16 2016

Account Number : 120160000017 Phone : (800) 345-4647

Fax Number

: (800) 432-3622

R. WHILE

\*\*Enter the email address for this business entity to be used for future ~annual report mailings. Enter only one email address please.\*\* 140

Email Address:

## **CORPORATION REINSTATEMENT** EAGLE CREEK CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,650.00

\*\*\*FILE REINSTATEMENT FIRST AND THEN FILE THE NAME CHANGE AMENDMENT SECOND SINCE THE NAME IS

NO LONGER AVAILABLE\*\*\* FILE FIRST/FILE SECOND\*\*\*

## \*\*\*\*\*ATTN: REBEKAH WHITE\*\*\*\*\*\*\*\*



December 12, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EAGLE CREEK CORP. 1904 CAPE CORAL PRWY WEST CAPE CORAL, FL 33914

SUBJECT: EAGLE CREEK CORP.

REF: P00000087833

\*\*REBEKAH - PLEASE FILE THE REINSTATEMENT AND NAME CHANGE AMENDMENT SIMULTANEOUSLY -\*\*GIVE THE ORIGINAL SUBMISSION DATE AS THE FILE DATE - 12/9/16\*\*\*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2010 annual report. The entity must be reinstated before this document can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

LO

FAX Aud. #: H16000302673 Letter Number: 016A00026312



## **FAX TRANSMITTAL**

To:

Date: 12/15/2016 12:59:03 PM

Company: FL SOS

Attn: ATTN: REBEKAH WHITE

Fax No: 850-617-6380

Number of pages transmitted

From: Name:

including cover page: 10

Email:

Kim Tadlock

ktadlock@capitolservices.com

Fax No: 800-432-3622

Voice No: 800-345-4647

Subject:

December 12, 2016

(\*)(\*)(\*)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EAGLE CREEK CORP. 1904 CAPE CORAL PKWY WEST CAPE CORAL, FL 33914

SUBJECT: EAGLE CREEK CORP.

REF: P00000087833

We have received your document for EAGLE CREEK CORP. and check(s) totaling \$1650.00. However, your check(s) and document are being returned for the following:

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

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

Marquitta Williams Regulatory Specialist II FAX Aud. #: H16000302669 Letter Number: 716A00026304

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 9: 36

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DOC	UMENT	# P0000008783	3	P4.1 , .						
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	ag									
2 - Principal Office Address - No P.O. Box 4 - 35 Meding Office Address 10603 FASIG TIPTON LANE 10603 FASIG TIP						N LANE				
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City				r to m ,	58.9	Zp Core				
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8. 1, being appointed the registered agents of the above naged corporation, am familiar with and accept the obligations of								an 607,0606 or 617,0503, F.S.		
Registere	d Agent	RE	GISTERED AC	ENT MUST	SIGN		Y (M 3m MS milion)	Data James Communication of the Communication of th	<u> </u>	
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Titles		Name of Officers and/or Directors			Street A Officer (	ddress of Each ind/or Director		City / State	/ Zip	
Director	Mike Mizrachi			10603 FASIG TIPTO			N LANE Richmond, TX 77407			
Director	S	10603 FASIG TIPTO			N LANE	Richmond,	TX 77407			
President	Mike Mizrachi			10603 FASIG TIPTON			N LANE	LANE Richmond, TX 77407		
Secretary	SI	naron Mizrac	hi	10603	FASI	TIPTO	N LANE	Richmond, 1	TX 77407	
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(To be used for future annual report settleation)  11. Contry that I am an ordinary or depictor or the receiver or trucks approximate to describe the application as provided for in chapter 607 or 617, FS, I Author cardly statistics of 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 certif. I am swere that false information exhibitation a described to the Department of State constitutes a third degree fellony as provided for in a.817:185, F.S.  SIGNATURE:  12/9/16										
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