

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072219

1. Corporation Name

EAGLE VENTURE CAPITAL INC.

Principal Place of Business

2649 NE 13TH AVE  
POMPANO BEACH FL 33064

Mailing Address

2649 NE 13TH AVE  
POMPANO BEACH FL 33064

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

150 E. SAMPLE Rd

Suite: Apt. #, etc.  
Suite 320

City & State  
POMPANO Bch FL

Zip 33064 Country USA

3. New Mailing Office Address, If Applicable

150 E. SAMPLE Rd

Suite: Apt. #, etc.  
Suite 320

City & State  
POMPANO Bch FL

Zip 33064 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/19/2001

5. FEI Number

651125575

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BRYANT, STEVEN E	2649 NE 13TH AVE	POMPANO BEACH FL 33064
PD	Range, BRANDON E	2649 NE 13TH AVE	POMPANO Bch FL 33064

200008620682

10/28/02--01068--007 \*\*750.00

8. Name and Address of Current Registered Agent

BRYANT, STEVEN E  
2649 NE 13TH AVE  
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name Brandon E. Range  
Street Address (P.O. Box Number is Not Acceptable)  
150 E. Sample Rd,  
Suite, Apt. #, Etc. 320  
City Pompano Bch 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. or 617.0505, F.S.

BER

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-23-02

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.

BER

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02 854-781-6911

Date

Daytime Phone #

CR2E040 (8/02)