

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 20 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000087913

1. Corporation Name

EAGLEVIEW STATIONS, INC

2. Principal Office Address

5030 CHAMPION BLVD

Suite, Apt. #, etc.

GG #271

City & State

BOCA RATON FL

Zip

33496

Country

USA

3. Mailing Office Address

5030 CHAMPION BLVD

Suite, Apt. #, etc.

GG #271

City & State

BOCA RATON FL

Zip

33496

Country

USA

REINSTATEMENT

CR2E081 (8/05)

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2001

5. FEI Number

753011980

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

MICHAEL J PAOLINI

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

5030 CHAMPION BLVD

Suite, Apt. #, Etc.

GG #271

City

BOCA RATON

State

FL

Zip Code

33496

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

Michael J Paolini

REGISTERED AGENT MUST SIGN

Date 10/19/2005

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
D/P/S	MICHAEL J PAOLINI	5030 CHAMPION BLVD GG#271	BOCA RATON FL 33496
	J3 10/25		700060832197 10/20/05--01058--016 **1067.50

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:

Michael J Paolini

MICHAEL J PAOLINI

10/19/2005

561-866-4866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #