

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

*page 1 of 2*

FILED

02 NOV 12 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

DOCUMENT # P01000107664

1. Corporation Name

EAGLE IMEX INC.

Principal Place of Business

780 S DIXIE HWY WEST  
POMPANO BEACH FL 33060

Mailing Address

1738 SW 7 DR  
POMPANO BEACH FL 33060

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/08/2001

5. FEI Number

65-1154667

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	KOPP, JUERGEN	1738 SW 7 DR	POMPANO BEACH FL 33060
VD	HARTMANN, MEINHARD <del>DELETE</del>	<del>400 SE 10 ST</del>	<del>DEERFIELD BEACH FL 33441</del>
VD	WAYNE MOORE	1801 S DIXIE Hwy # 80	Pompano Bch FL 33060
S-T	Debra Lasher	1801 S Dixie Hwy # 109	Pompano Bch FL 33060

8. Name and Address of Current Registered Agent

KOPP, JUERGEN  
1738 SW 7 DR  
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-29-02

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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02

Date

Daytime Phone #

CR2E040 (8/02)

*payor*



# EAGLE IMEX



EAGLE IMEX INC. 780 S.Dixie HWY West, Pompano Beach, FL 33060, USA

Florida Department of State  
Jim Smith  
Secretary of State  
Divisions of Corporations

— This is to inform you that I never received any annual uniform business report notices. I was gone out of the country for several months and never officially opened my business until 6-28-02. Because I was waiting for my license from Motor vehicle and my bond. The first notice I have received is the Notice of Administrative Dissolution or Revocation. I would like to reinstate my corporation to active. Enclosed is My check \$150.00. Also Mr Michael Hartman has been removed from my corporation.

Thank You  
Juergen Kopp -owner -president  
Wayne Moore -vice -president  
Eagleimex Inc.

President : Juergen Kopp

Phone: 954-317-0777  
Fax: 954-317-0776

E-Mail : eagleimex@gmx.net

[www.eagleimex.com](http://www.eagleimex.com)