

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 902000008357

1. Corporation Name

American Eagle Insurance, Inc.

REINSTATEMENT 03

800024844518
11/19/03--01012--011 **750.00

2. Principal Office Address
250 E. Park Ave

Suite, Apt. #, etc.

City & State

Lake Wales, FL

Zip
33853

Country
USA

3. Mailing Office Address
PO Box 2368

Suite, Apt. #, etc.

City & State

Lake Wales, FL

Zip
33859-2368

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 1/23/2002

5. FEI Number
01-0595432

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
Tula M. Haff

Street Address (P.O. Box Number is Not Acceptable)
339 Cypress Gardens Road,

Suite, Apt. #, Etc.
Suite C

City
Winter Haven

State
FL

Zip Code
33884-2453

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

REGISTERED AGENT MUST SIGN

Date 11-13-03

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
Pres/D	Anthony K. Mathewson	244 E. Park Ave.	Lake Wales, FL 33853
S/T/D	Helene M. Bradley	244 E. Park Ave.	Lake Wales, FL 33853

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:

Anthony K. Mathewson

Anthony K. Mathewson 11/10/03 863/676-1681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)