

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000089767

**1. Corporation Name**

Tim Eagle, Inc.

**2. Principal Office Address**

3818 Del Prado Blvd.

Suite, Apt. #, etc.

City & State

Cape Coral, Fl.

Zip

33904

Country

USA

**3. Mailing Office Address**

3818 Del Prado Blvd.

Suite, Apt. #, etc.

City & State

Cape Coral, Fl.

Zip

33904

Country

USA

REINSTATEMENT 03-24

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8-19-02

**5. FEI Number**

32-0026433

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

Tim Eagle

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

3818 Del Prado Blvd.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

**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

*Tim Eagle*

REGISTERED AGENT MUST SIGN

Date

**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	Tim Eagle	3818 Del Prado Blvd.	Cape Coral, Fl. 33904

**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:

*Tim Eagle*

Tim Eagle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-12-04 (239) 542-2333

Daytime Phone #

PS 1 & 2

FILED

04 MAY 14 AM 7:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (01/04)

pg 2 of 2

## **JOSEPH E. SCHAD, SR.**

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805 S.E. 33<sup>rd</sup> Street  
Cape Coral, Florida 33904  
(239) 772-9594

May 12, 2004

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL. 32314

Re: Tim Eagle, Inc.  
Document #P02000089767

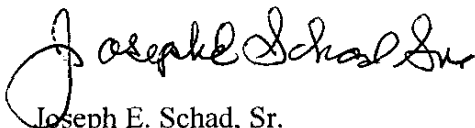
Gentlemen:

As per your request, I am enclosing a check in the amount of \$300.00 and a Corporation Reinstatement form as we did not receive the 2004 Uniform Business Report for Tim Eagle, Inc.

We are also requesting any and all reinstatement fees be waived, as we never received a request for a federal ID number for 2003 and all fees were paid in a timely manner and our check cashed.

We appreciate your cooperation concerning this matter.

Very truly yours,



Joseph E. Schad, Sr.  
Accountant for Tim Eagle, Inc.

JES/es  
Encls.