## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000101867

FILED Oct 11, 2004 Secretary of State

Entity Name: EAGLE VISION COMMUNITY DEVELOPMENT ENTITY, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
760 5TH <i>A</i> BARTOW	VENUE , FL 33830				
Current N	lailing Addres	s:	New Mailing Addre	ss:	
760 5TH <i>A</i> BARTOW	VENUE , FL 33830				
FEI Number	: 83-0368280	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	E CIRCLE	US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
SIGNATU		ic Signature of Registered Age	ent	Date	
ln accordar	Electron	3(2)(b), F.S., the corporation did no		Date	
In accordar Election Ca	Electron	3(2)(b), F.S., the corporation did no Trust Fund Contribution().	ot receive the prior notice.	Date  BES TO OFFICERS AND DIRECTORS:	
In accordar Election Ca	Electron ace with s. 607.193 mpaign Financing S AND DIREC	B(2)(b), F.S., the corporation did no p Trust Fund Contribution ( ). TORS: Delete NDELL T JE	ot receive the prior notice.		
In accordar Election Ca OFFICER Title: Name: Address:	Electron Ice with s. 607.19 Impaign Financing S AND DIREC  PD () WILLIAMS, WE 760 5TH AVENU BARTOW, FL 3	3(2)(b), F.S., the corporation did not a Trust Fund Contribution ( ).  TORS:  Delete  NDELL T  JE  JE  JE  JE  JE  JE  JE  JE  JE  J	ot receive the prior notice.  ADDITIONS/CHANG  Title: Name: Address:	SES TO OFFICERS AND DIRECTORS:	
In accordar Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron  ce with s. 607.193  mpaign Financing  S AND DIRECT  PD ()  WILLIAMS, WE  760 5TH AVENU  BARTOW, FL 3  VD ()  COLLINS, GEO  620 MAPLE AVI  BARTOW, FL 3	3(2)(b), F.S., the corporation did not a Trust Fund Contribution ( ).  TORS:  Delete NDELL T JE 33830  Delete RGE III ENUE 33830  Delete I RCLE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDELL WILLIAMS PD 10/11/2004