

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000013197

1. Entity Name
MICHEAL EAGAN P.M., INC.



FILED

05 DEC 29 PM 11: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4031 KIBLER LANE
HOLIDAY, FL 34691

Mailing Address
4031 KIBLER LANE
HOLIDAY, FL 34691

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

12162005 REIN-P CR2E098 (6/04)

4. FEI Number
810589307

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EAGAN, MICHAEL P
4031 KIBLER LANE
HOLIDAY, FL 34691

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EAGAN, MICHAEL P	
STREET ADDRESS	4031 KIBLER LANE	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	EAGAN, MICHAEL	
STREET ADDRESS	4031 KIBLER LANE	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	EAGAN, MICHAEL	
STREET ADDRESS	4031 KIBLER LANE	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200062583782	
STREET ADDRESS	01/04/06--01004--006 **150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael P Eagan Michael P Eagan 12/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #