

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000023054

1. Entity Name
EIRA ENTERPRISES, INC.



Principal Place of Business
7087 GRAND NATIONAL DRIVE
SUITE 100
ORLANDO, FL 32819

Mailing Address
7087 GRAND NATIONAL DRIVE
SUITE 100
ORLANDO, FL 32819

FILED
05 DEC 28 PM 12:30
TALLAHASSEE, FLORIDA

2. Principal Place of Business

231 NORTH MAGNOLIA AVE
Suite, Apt. #, etc.

3. Mailing Address

231 NORTH MAGNOLIA AVE
Suite, Apt. #, etc.



11162005 REIN-P CR2E098 (6/04)

City & State

ORLANDO FL.

City & State

ORLANDO FL.

4. FEI Number

55-0872153

Applied For
Not Applicable

Zip

32801

Country

U.S.A.

Zip

32801

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAVIGNE, JAMES R
7087 GRAND NATIONAL DRIVE
SUITE 100
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name ROGER HUNT
Street Address (P.O. Box Number is Not Acceptable)
1710 MARKHAM GLEN CIR
City LONGWOOD 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

Roger Hunt

(NOTE: Registered Agent signature required when reinstating)

11-21-05

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 D ☐ Delete
NAME HUNT, ROGER
STREET ADDRESS PORTLAND LODGE BROADWAY LAUGHARNE
CITY - ST - ZIP WALES SA33 4NS U.K.,

TITLE D ☐ Delete
NAME HUNT, LINDA
STREET ADDRESS PORTLAND LODGE BROADWAY LAUGHARNE
CITY - ST - ZIP WALES SA33 4NS U.K.,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ 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:

Roger Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-05

Date Daytime Phone #