2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000006229

1. Entity Name
EAGLE HAULERS INC

FILED
07 OCT 12 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

100120671 REINSTATEMENT CR2E098 (1/07) 07

Principal Place of Business	Mailing Address
13258 83 LN N WEST PALM BEACH, FL 33412 US	13258 83 LN N WEST PALM BEACH, FL 33412 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
805 Greyhound ave N	805 Greyhound ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh acres, Fla	City & State: Lehigh acres, Fla
Zip: 33971 Country: Lee	Zip: 33971 Country: Lee

4. FEI Number: 86-1156336 ☐ 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
CAPOTE, GILBERTO JR 13258 83 LN N WEST PALM BEACH, FL 33412	Name: Capote, Gilberto Jr. Street Address (P.O. Box Number is Not Acceptable): 805 Greyhound ave N City: Lehigh acres, Fla FL Zip Code: 33971

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: Capote Jr oct 7 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAPOTE, GILBERTO JR 13258 83 LN N WEST PALM BEACH, FL 33412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400110746694 10/12/07--01068--016 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$10/15	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Capote Jr oct/7/2007 (239) 220-9839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

24 hr
7 days. PH