

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000111088

1. Entity Name
EOS HOLDINGS INC.



FILED

08 OCT 29 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8815 CONROY WINDERMERE ROAD #104
ORLANDO, FL 32835

Mailing Address
8815 CONROY WINDERMERE ROAD #104
ORLANDO, FL 32835

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10262008 REIN-P CR2E098 (1/07)

4. FEI Number

26-0906497

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

GIANNETTO, CHARLES
8815 CONROY WINDERMERE ROAD #104
ORLANDO, FL 32835

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

Charles Giannetto

CHARLES GIANNETTO

10/26/08

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, 2009, 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 DCEO ☐ Delete
NAME JENKINS, JAMES E
STREET ADDRESS 4010 WINDER LAKES DRIVE
CITY-ST-ZIP ORLANDO, FL 32835

TITLE DCOO ☐ Delete
NAME GIANNETTO, CHARLES
STREET ADDRESS 8815 CONROY WINDERMERE ROAD #104
CITY-ST-ZIP ORLANDO, FL 32835

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 500137419345
CITY-ST-ZIP 10/29/08--01020--015 **150.00

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 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:

Charles Giannetto

Charles Giannetto

CHARLES GIANNETTO 10/26/08

321
947-3081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #