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FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

00 NOV 22 PH 6: 21

DOCUMENT #	P29677
1. Corporation Name	

Eagle Growth Shares, Inc.

2. Principal Office Address 3. Mailing Office Address		
1200 N. Federal Hwy	1200 N. federal Hwy	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>
Suite_401	Suite 401	4. [
City & State	City & State	5. F
Boca_Raton, Florida	Boca Raton, Florida	
Zip Country	Zip Country	6.
33432	33432	CI

100003479661--4 -11/29/00--01041--003 ****750.00 ****750.00

ite Incorporated or Qualified Do Business in Florida 06/05/1990 Applied For

I Number 13 - 2654171

Not Applicable

4

RTIFICATE OF STATUS DESIRED 🗹

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent				
Name		0000 -11	29/0001041	005
CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island	nchiolalen		*990	*8. 75
	00034796614			
City	****150.00 ****150.00	Siate FL	Zip Code 33324	

8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY

VICKY GOLDSTEIN

Date 11-21-00

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

7. Names and oneer Addresses of Each Officer and of Different (Fronta Horizontal State Case of State Case Case of State Case of State Case of State Case of State Case of				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P/D	Baxter, Donald H.	1200 N. Federal Hwy. #424	Boca Raton, FL 33432	
V/S/T	Rohe, Ronald F.	1200 N. Federal Hwy. #424	Boca Raton, FL 33432	
DŢ	McArthur, Kenneth W.	93.Riverwood.Parkway +4	Etobicoke, Ontario4M8Y 4E4	
D	Flaherty, Thomas J	400 Ocean Road #175	Vero Beach, FL 32963	
D	Keogh, James	202 W Lyon Farm Drive	Greenwich, CT 06831	
D	Meyer, Robert L.	25 Griffin Ave, P.O. Box 496	Bedford Hills, NY 10507	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#9 CONTINUED

Parson, Donald P. 230 Park Ave, 11th FL New York, NY 10169