

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 FEB -3 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000018382**

1. Corporation Name

EAGLE MANAGEMENT SERVICES, INC.

Principal Place of Business

460 NW 98th Terr
~~5284 NW 100TH DR.~~
CORAL SPRINGS FL 33091
US

Mailing Address

P.O. BOX 25862
TAMARAC FL 33320
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

460 N.W. 98th Terr.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip **33071**

Country **U.S.**

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1993

5. FEI Number

65-0399662

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	TAKS, STEVEN	P.O. BOX 25862	TAMARAC FL

100002079031--6
-02/05/87-01072-015
****375.00 ****375.00

REINSTATEMENT

G. Alan
2-3-97

8. Name and Address of Current Registered Agent

SCHWARTZ, DAVID A
~~300 N.W. 82 AVE.~~
~~SUITE 502~~
~~PLANTATION FL 33324~~

9. Name and Address of New Registered Agent

Name **DAVID A. SCHWARTZ, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
8181 W. BROWARD BLVD.
Suite, Apt. #, Etc.
SUITE 204
City **PLANTATION** State **FL** Zip Code **33324**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

David A. Schwartz
REGISTERED AGENT MUST SIGN

Date

1-31-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 filing 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., that all fees owed by the corporation have been paid and the names of individuals listed 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

Steven Taks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/97

Daytime Phone #

954-346-7969

CR2EDM0 (7/96)