

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 AUG 27 PM 12:39

DOCUMENT # P93000058184

1. Corporation Name

EAGLE OIL CORPORATION

2. Principal Office Address - No P.O. Box #

4153 1SR 16W

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL

Zip

32043

Country

USA

3. Mailing Office Address

5000-18 US HWY 17

Suite, Apt. #, etc.

PMB 239

City & State

FLEMING ISLAND, FL

Zip

32003

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/93

5. FEI Number

59-3206094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BLACKBURN & COMPANY, LC

Street Address (P.O. Box Number is Not Acceptable)

5150 BELFORT RD SO

Suite, Apt. #, Etc.

BLDG 500

City

JACKSONVILLE

State

FL

Zip Code

32256

000251138790
08/27/13--01026--009 **1050.00

8. I, 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

Date **8/23/13**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	GEORGE H. ASHBY, JR.	5000-18 US HWY 17, PMB 239	FLEMING ISLAND, FL 32003
VP	ELLEN S. ASHBY	5000-18 US HWY 17, PMB 239	FLEMING ISLAND, FL 32003
S/T	DEBRA DIXON	5000-18 US HWY 17, PMB 239	FLEMING ISLAND, FL 32003
REINSTATEMENT			
2011-2013			

10. E-mail Address: **DLB@BLACKBURNCO.COM**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

GEORGE H. ASHBY, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 16, 2013

Date

904-213-9200

Daytime Phone #