

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 DEC 26 AM 9:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000002993**

1. Corporation Name
EAGER BEAVER INTEGRATORS, INC.

Principal Place of Business: **551 SAN ROBAR DRIVE, ORANGE PARK FL 32073**
 Mailing Address: **551 SAN ROBAR DRIVE, ORANGE PARK FL 32073**



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

2. New Principal Office Address, If Applicable 355 EAST MONROE ST.		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/27/1993	
Suite, Apt. #, etc. Jacksonville Fla.		Suite, Apt. #, etc.		5. FEI Number 59-3205086	
City & State 32202-2834		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	SCHREIER, GARY L	551 SAN ROBAR DR.	ORANGE PARK FL 32073
S	PEEK, DAVID H	1609 GULF LIFE TOWER	JACKSONVILLE FL 32207
AS	DENLAP, LAURA R	1201 HAYS STREET	TALLAHASSEE FL 32301
			200002084242-1 -02/11/97--01158--006 ****375.00 ****375.00 1/27/13/97

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name: David H. Peek Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd Suite, Apt. #, Etc.: 1609 City: Jacksonville State: FL Zip Code: 32207	
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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 H. Peek* Date: **12/24/96**
 REGISTERED AGENT MUST SIGN

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: *David H. Peek* Date: **12/24/96** Daytime Phone #: **(904) 556-4600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DAVID H. PEEK**

CFR2ED40 (7/96)