

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020554

1. Corporation Name

Eagle Quality Products, Inc.

2. Principal Office Address

967 Martin Avenue

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL.

Zip

32043

Country

USA

3. Mailing Office Address

967 Martin Avenue

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL.

Zip

32043

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 16, 1994

5. FEI Number

59-323-0121

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 95-00

7. Name and Address of Current Registered Agent

Name

Charles G. Serra

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

1054 Anchor Road,

Suite, Apt. #, Etc.

Box 8

City

Switzerland,

State

FL

Zip Code

32259

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

Charles Serra

REGISTERED AGENT MUST SIGN

Date October 5, 2000

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
V	Michael J. Serra	700 Island Way, Apt 1102	Clearwater, FL 33767
V	Charles G. Serra	1054 Anchor Rd, box 8	Switzerland, FL 32259

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 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:

Charles Serra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 5, 2000 904-529-9896

Date

Daytime Phone #

CR2E081 (9/99)