2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000064261

City-St-Zip:

VENUS, FL 33960

FILED Oct 12, 2005 Secretary of State

Entity Name: THE EAGLE PROPERTIES OF FT. LAUDERDALE, INC. **Current Principal Place of Business: New Principal Place of Business:** 512 MOSS RAOD 480 KULWICKI DRIVE VENUS, FL 33960 VENUS, FL 33960 **Current Mailing Address: New Mailing Address:** 512 MOSS ROAD 480 KULWICKI DRIVE VENUS, FL 33960 VENUS, FL 33960 FEI Number: 65-0513771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARSONS, RONALD E PARSONS, RONALD E 480 KULWÍCKI DRIVE 512 MOSS ROAD VENUS, FL 33960 US VENUS, FL 33960 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: RONALD E. PARSONS 10/12/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PARSONS, KENNETH A Name: Name: 15 E SUMMIT DRIVE Address: Address: City-St-Zip: STEVENS, PA 17578 City-St-Zip: Title: VSD Title: () Change () Addition () Delete Name: PARSONS, ERMA M Name: 15 E SUMMIT DRIVE Address: Address: City-St-Zip: STEVENS, PA 17578 City-St-Zip: Title: Title: MD () Delete () Change () Addition PARSONS, RONALD E Name: Name: 512 MOSS ROAD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KENNETH PARSONS **PRES** 10/12/2005