

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 26 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 940000 77160*

1. Corporation Name

EAGLE EYE ENTERPRISES, INC.

100021159791
06/26/03--01068--007 **600.00

2. Principal Office Address

1124 AVE. C.

Suite, Apt. #, etc.

3. Mailing Office Address

1606 AVE. C. UNIT #5

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL.

Zip

33404

Country

City & State

MIAMI BEACH, FL.

Zip

33404

Country

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

7-89 10-94

5. FEI Number

65-0638595

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

CARLOS MANROSA

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

1606 AVE. C. UNIT #5

Suite, Apt. #, Etc.

City

MIAMI BEACH, FL. 33404

State

FL

Zip Code

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

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	CARLOS MANROSA	1606 AVE. C UNIT #5	MIAMI BEACH FL. 33404
V.P	JAMESON MANROSA	11869 BIRCH ST.	P.B. GARDENS 33410
S	DINA RUSSELL	216 2 ND COURT	P.B. GARDENS 33410
T	FRANCOS MANROSA	1606 AVE. C. UNIT #5	MIAMI BEACH 33404

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:

Cal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-03

Date

561-840-9135

Daytime Phone #

CR2E081 (10/02)

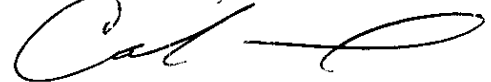
6-25-03

To Whom it May Concern:

I, Carlos Manresa, President of Eagle Eye Enterprises, Inc. did not receive our corporate yearly statements from 2000-2003. My mailing address is:

Pelican Pier, Inc.
1606 Ave C. Apt. # 5
Riviera Beach, Fl. 33404

Thank You,

A handwritten signature in black ink, appearing to read 'Carlos', with a long, sweeping horizontal line extending to the right.

Carlos Manresa
PRESIDENT