

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 30 AM 9:04

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000027421**

1. Corporation Name

**THE EASON CORPORATION**

Principal Place of Business

Mailing Address

5403 BRANDIES AVE  
 CALLAHAN FL 32011  
 US

5403 BRANDIES AVE  
 CALLAHAN FL 32011  
 US



**REINSTATEMENT** 99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/03/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

60-9306647

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
P	EASON, DAVID	5403 BRANDIES AVE	CALLAHAN FL 32011
ST	EASON, FAYE	5403 BRANDIES AVE	CALLAHAN FL 32011
V	EASON, DOUGLAS	5403 BRANDIES AVE	CALLAHAN FL 32011
			100003070501--5 -12/15/99--01016--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EASON, DAVID  
 1117 BRANDIES AVENUE  
 CALLAHAN FL 32011

Name

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

Suite, Apt. #, Etc.

City

State  
 FL

Zip Code

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 Eason* **DAVID EASON**

Date **11-24-99**

REGISTERED AGENT MUST SIGN

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., 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)(l), 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:

*Faye Eason* **FAYE EASON**

Date

Daytime Phone #

**11-24-99 KE**