

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 DEC -9 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P.95000075 176 (4)

1. Corporation Name

Eagle One Concepts, Inc

2. Principal Office Address

1409 Jones Rd

Suite, Apt. #, etc.

3. Mailing Office Address

1409 Jones Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32220

Country

USA

Zip

32220

Country

USA

**REINSTATEMENT**

97-05

CR2E081 (8/05) DEC 09 2005

4. Date Incorporated or Qualified  
To Do Business in Florida

9-29-1995

5. FEI Number

59-3337759

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

Michael Dean Vaughn

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

1409 Jones Rd

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32220

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

*Michael D. Vaughn*  
REGISTERED AGENT MUST SIGN

Date 12-5-05

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
Pres	Michael Dean Vaughn	1409 Jones Rd	Jacksonville, FL 32220

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:

*Michael D. Vaughn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Vaughn

Date

12-5-05

Daytime Phone #

904-591-9471