

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR *re*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1997 FEB -4 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P95000084518*

1. Corporation Name

Eagle Vegetation Reduction, Inc.

Principal Place of Business

Mailing Address

*2020 Aruba Ave
Ft Myers, FL 33905*

SAME

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3599 Dewberry Way

3. New Mailing Address, If Applicable

P.O. Box 21322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

November 3, 1995

5. FEI Number

65-062-5693

Applied For

Not Applicable

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33415

Country

Palm Beach

Zip

33416

Country

Palm Beach

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
<i>P/D</i>	<i>A.M. Buckley, JR.</i>	<i>3599 Dewberry Way</i>	<i>West Palm Beach, FL 33415</i>
<i>V</i>	<i>Paula L. Saxon</i>	<i>5598 Dewberry Way</i>	<i>West Palm Beach, FL 33415</i>
<i>T/S/D</i>	<i>LINDA Buckley</i>	<i>5599 Dewberry Way</i>	<i>West Palm Beach FL 33415</i>

REINSTATEMENT

8. Name and Address of Current Registered Agent

*Malcolm Anderson
324 Datura Street
West Palm Beach, FL 33401*

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

100002080581--7

02/06/97-01106-012

****383.75 ***383.75*

FL

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

REGISTERED AGENT MUST SIGN

Date

1/6/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

LINDA Buckley - Linda Buckley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20046 (12/95)