

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

00 OCT 27 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9500084518

1. Corporation Name
Eagle Vegetation Reduction, Inc.

2. Principal Office Address
5599 Dewberry Way

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

Zip 33415 **Country** Palm Beach

3. Mailing Office Address
P.O. Box 21322

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

Zip 33416 **Country** Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida** Nov. 3, 1995

5. FFL Number
65-062-5633

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
Augustus M. Buckley Jr.

Street Address (P.O. Box Number is Not Acceptable)
5599 Dewberry Way

Suite, Apt. #, Etc.

City
West Palm Beach FL

State FL **Zip Code** 33415

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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**

Augustus M. Buckley Jr.
REGISTERED AGENT MUST SIGN

Date 10/26/00

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/D	A.M. Buckley Jr.	5599 Dewberry Way	West Palm Bch. FL 33415
V	Paula L. Saxon	5598 Dewberry Way	West Palm Bch. FL 33415
T/S/D	Linda L. Buckley	5598 Dewberry Way	West Palm Bch. FL 33415

REINSTATEMENT 97-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-00 561-6116-0915
Date Daytime Phone #