

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P 95000091151

1. Corporation Name

Eagle Computer Technology, Inc.

Principal Place of Business

Mailing Address

10801 SW 109 Ct. #D-316
Miami, Florida 33176

FILED

97 MAR 20 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 9/0-97

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

2. New Principal Office Address, If Applicable

4995 NW 79 Avenue

Suite, Apt. #, etc.

Suite 108

City & State

Miami, Florida

Zip

33166

County

Dade

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/24/95

5. FEI Number

65-0622648

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
PD	Randolph Espina	7833 NW 72 Avenue	Miami, Florida 33166
UD	Luis Amesty	10801 SW 109 Ct.	Miami, Florida 33176
VD	Carlos Hernandez	10801 SW 109 Ct.	Miami, Florida 33176

8. Name and Address of Current Registered Agent

Lawrence Spiegel
343 Almeria Avenue
Coral Gables, Florida
33134

9. Name and Address of New Registered Agent

Name: Randolph Espina
Street Address (P.O. Box Number is Not Acceptable): 7833 NW 72 Ave.
Suite, Apt. #, Etc.: Miami, FL
City: Miami FL State: FL Zip Code: 33166

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

Randolph Espina
REGISTERED AGENT MUST SIGN

Date

03/01/97.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/97 (305) 994-7861

CR2000 (12/95)