

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 # P96000056462

1. Corporation Name

EAGLE DRIVE SERVICE, INC.

Principal Place of Business Mailing Address
9637 Lake Douglas Place 9637 Lake Douglas Place
Orlando, Florida 32817 Orlando, Florida 32817

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

2. New Principal Office Address, If Applicable 8028 Apple Hill Court	3. New Mailing Address, If Applicable Post Office Box 271125	DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 7/3/96, eff. 7/7/96	Applied For	
City & State Orlando, Florida	City & State Tampa, Florida	5. FEI Number 59-3382504	Not Applicable	
Zip 32810	Country 33688	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)	City / State / Zip
1	2	3	4
D	Scott Jackson	8028 Apple Hill Court	Orlando, Florida 32810
D	Joe Bundrick	8028 Apple Hill Court	Orlando, Florida 32810

REINSTATEMENT

TS 10/28
97-98

8. Name and Address of Current Registered Agent

Scott Jackson
8028 Apple Hill Court
Orlando, Florida 32810

9. Name and Address of New Registered Agent

Name
Spiegel & Utrera, P.A., d/b/a AmeriLawyer
Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

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.

Spiegel & Utrera, P.A., d/b/a AmeriLawyer

Signature of Registered Agent By:

Natalia Utrera, Vice President

Date _____

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:

Scott Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/98 (813) 877-3701

Date Daytime Phone #

CR2004014295