

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**  
Suite, Apt. #, etc.  
City & State  
**Orlando, Florida**  
Zip **32810** Country  
3. New Mailing Address, If Applicable  
**Post Office Box 271125**  
Suite, Apt. #, etc.  
City & State  
**Tampa, Florida**  
Zip **33688** Country

4. Date Incorporated or Qualified To Do Business in Florida  
**7/3/96, eff. 7/7/96**

5. FEI Number **59-3382504** Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

**FILED**

98 OCT 28 PM 3:05

SECRET STATE  
TALLAHASSEE, FLORIDA

000002676820--0  
-10/30/98--01057--018  
\*\*\*\*900.00 \*\*\*\*900.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
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.

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** 10/27/98 (813)877-3701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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