

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094796

1. Corporation Name
AMERICAN EAGLE SYSTEMS, INC.

FILED
DIVISION OF CORPORATIONS

97 NOV -3 AM 8:55

REINSTATEMENT 1997



Principal Place of Business
5667 N.W. 35TH COURT
MIAMI FL 33142

Mailing Address

5667 N.W. 35TH COURT
MIAMI FL 33142

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified
To Do Business In Florida 11/15/1996

5. FEI Number	Applied For <input checked="" type="checkbox"/>
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)	City / State / Zip
PSTD	2 MORIN, CARL	3 5667 N.W. 35TH COURT	4 MIAMI FL 33142

1000002339241-7
11705/97-01069-009
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MORIN, CARL
5667 N.W. 35TH COURT
MIAMI FL 33142

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

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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes No

(See other side for information
on intangible tax.)

12. 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

10/31/97

634-9622

Date

Daytime Phone #

CR2E040 (8/97)