	PLEASE READ	ALL INSTRUCTIONS	BEFORE COME	PLETING THIS FORM	M	
APPLICATION FOR REINSTATEMENT DOCUMENT # P96000102637 1. Corporation Name PLEASE READ ALL INSTRUCTIONS BEFORE CORPORATIONS FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				7		
EAGLE	TECH COMMUNICATIO	NS, INC.		Fill LEM COURTS		
Principal Place of Business 43 6 + TARD WIND SAM 40 WEST TRADEWINDS AVENUE SUITE TOS LAUDERDALE-BY-THE-SEA FL 33308		Mailing Address 4330 E TRARWINDS AVAIDE 401-WEST TRADEWINDS AVENUE SUITE 203 LAUDERDALE-BY-THE-SEA FL 33308 right incorrect information and enter correction below.		INSTVĀĒMĒŅ	98-99 ₀	
2. New Pri 438 Suite And	incipal Office Address, If Applicable O E T人よのとWinDS Au #, etc.	3 New Mailing Office Address, III (43男) ど ナルルのいい。 Suite Ad #, etc.	Application 4. Da To	Number	12/20/1996 Applied For	
City & State Au De C	ROALE-BY-THE SEA	City & State AUDENONG SYTHE'S Zip Country 33308	,	65-07 18962	Not Applicable 2.75 Additional Fee require for a Certificate of Status	
7. Names : Title(s)	and Street Addresses of Each Officer and/o Name of Officers and/or Directors	Stre Off	tions must list at least 3 dire et Address of Each der and/or Director Post Office Box Numbers	·	State / Zip	
D PAYNE, JAMES R		4401 WEST TRADEWINDS AVENU 4580 E. TRADEWINDS AVENU 4401 WEST TRADEWINDS AVENU 4380 E. TRADEWIN		- LAUDERDALE-BY-THE		
				1 0000281 -03/18/99- ****908.75	-01094011	
	8. Name and Address of Current F	Registered Agent	9. Nar	me and Address of New Registers	d Agent	
201 SC 1800 N	DRATION COMPANY OF MIAMI DUTH BISCAYNE BOULEVARD MIAMI CENTER FL 33131		Streel Address (P.O. Box	Sta	A H	
10. I, being Signature o Registered	Agent	ve named corporation, am familiar wit	h and accept the obligations	1 th SeA F	L 33309	
	is corporation owes or ha angible Personal Propert	as paid the current yea	Yes No		side for information tangible tax)	

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMES A DAY ME, DIRECTOR

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.

3/1/99 (954) 3328 584-3328