PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 00028988

1. Corporation Name

WHITE EAGLE FINANCIAL CORP.

Principal Place of Business

Mailing Address

21707 SAN SIMEON CIRCLE BOCA RATON FL 33433

21707 SAN SIMEON CIRCLE **BOCA RATON FL 33433**

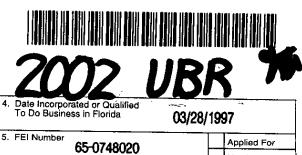
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Of	fice Address, If Applicable	. 3. New Mailing Office Address, If Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
7. Names and Stree	t Addresses of Each Officer a	nd/or Director (Floric	da nonprofit corporations must list at lea		

FILED

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SLERE TARY OF STATE TALLAHASSEE, FLORIDA



RTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status

				<u> </u>	Not Applicable		
Zip	Country	Zip	Country	6. CERTIFICATE OF STA	TUS DESIRED S8.75 Additional Fee require for a Certificate of Status		
7. Names	and Street Addresses of Each Officer a	ind/or Director (Florid	da nonprofit corporations must list at	least 3 directors)			
Title(s)	Name of Office		Street Address of Each Officer and/or Director		City / State / Zip		
PRES DUFFY, KEITH			21707 SAN SIMEON CIRCLE		BOCA RATON FL 33433		
			, , , , , , , , , , , , , , , , , , ,				
			• .	5000	08635426 0112-014 **150.00		
····				1 or 20102 (11115014 **120.00		
	8 Name and Address of Course						
8. Name and Address of Current Registered Agent DUFFY, KEITH F 21707 SAN SIMEON CIRCLE BOCA RATON FL 33433				Name and Address of New Registered Agent			
			Name				
			Street Address (P.O. Box Number is N		Not Acceptable)		
			Suite, Apt. #, Et	Suite, Apt. #, Etc.			

9. Name and Address of New Registered Agent						
Name		<u> </u>				
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. or 617.0505, F.S.

Signature of Registered Agent

11. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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Keith F. Duffy 21707 San Simeon Circle Boca Raton, FL 33433 (561) 394-0376

October 24, 2002

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: White Eagle Financial Corp. FEI# 65-0748020

Dear Sir/Madam:

I just received a Notice of Administrative Dissolution or Revocation in the mail. I was completely shocked since I had not received a request to submit a report previously. I am sure that it is my responsibility to look for it, but when you have a lot going on you may not remember. Since our neighborhood has had mail stolen by delinquents, maybe it was taken. I have never had an issue with filing in the past. Once I received the request, I would send it to my accountant who took care of everything.

Although this company has been basically inactive for years, I would like to keep it if possible. I would very much appreciate being aloud to pay the \$150 activation fee. I have enclosed a check for \$150. I am sorry for any inconvenience that I have caused your office.

Thank you for your consideration.

Sincerely,

Keith Duffy