PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM.	
APPLICATION OF STATE FOR OF STATE Sandra B. Mortham Secretary of State				
REINSTATEMENT DIVISION OF CORPORATIONS			FILED	
DOCUMENT # P97000642983			99 JAN 19 AH 11: 12	
1. Corporation Name Blue Eagle of Florida, Inc.			SECRETARY OF STATE	
3		-	TALLAHASSEE, FLORIDA	
Principal Place of Business 80-Lighthouse Dr.	Mailing Address 538 Broadhollow Rd, Suite 410E		and the second	
Tequesta, Florida 33469	Melville, NY 11747		TATEMENT	
			REINSTATEMENT 48 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 5/14/97	
City & State	City & State		5. FEI Number Applied For	
Zip Country	Zip Country		6. \$8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/o	r Director (Florida nonprofit corpora	itions must list at leas	To a document of distance	
Name of Officers Title(s) and/or Directors	Str	eet Address of Each ficer and/or Director se Post Office Box No		
VISID Robert J. Krause	538 Broadhollow Rd			
Ath Fic.				
V/T/D Garrett J. Kelleher 538 Broad hollow 12d. Melville, 147 11747			Metulle, NY 11747	
D William E. Boos 538 Broadhollow Rd.			Melville, MY 11747	
			5000027519151 -01/22/9901098013 ****750.00 ****750.00	
8. Name and Address of Current R	egistered Agent	Name	9. Name and Address of New Registered Agent	
Water			onal Corporate Research, Ltd.	
		Street Address (P.O. Box Number is Not Acceptable) 1406 14ays St. Suite, Apt. #, Etc.		
Suite			2.	
City State Zip Code Talla Na.5See 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.			ssee FL 37201	
Signature of Registered Agent Registered Agent Date 114/99				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No				
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 TOPS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				