

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*** APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

PH.ED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **P98000071751**

1. Corporation Name

EAGLE LOGISTICS SYSTEMS, INC.

Principal Place of Business

751 PARK OF COMMERCE DRIVE
SUITE 130
BOCA RATON FL 33487

Mailing Address

751 PARK OF COMMERCE DRIVE
SUITE 130
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable

1300 PARK OF COMMERCE BLVD.

Suite, Apt. #, etc.

SUITE 261

City & State

DELRAY BEACH, F

Zip

33445

Country

FLORIDA

3. New Mailing Office Address, If Applicable

E SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1998

5. FEI Number

65-0857160

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	EDWARD J. TAYLOR	1300 PARK OF COMMERCE BLVD SUITE 261	DELRAY BEACH, FL 33445

500003038925--3
-11/09/99--01009--016
******758.75 ****758.75**

8. Name and Address of Current Registered Agent

DAMELLO, ANTHONY
2374 N.W. 32ND STREET
BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name

EDWARD J. TAYLOR

Street Address (P.O. Box Number is Not Acceptable)

1300 PARK OF COMMERCE BLVD.

Suite, Apt. #, Etc.

SUITE 261

City

DELRAY BEACH

State

FL

Zip Code

33445

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/20/99

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 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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

561-265-2405

CR25040 (5/99)