

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

05/1/99 900277-034 #15823
APPROVED
FILED

02 MAR 29 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083697

1. Corporation Name

Double Eagle Services, Inc.

2. Principal Office Address

127 W. Wallace St

3. Mailing Office Address

P.O. Box 593028

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32809

Country

USA

Zip

32859-3028

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sep 28, 1998, 1998

5. FEI Number

89-3538923

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Walter D. Adams

800005430658--6

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

127 W. Wallace St.

05/02/02 01040-006

***1050.00 ***1050.00

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32809

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Walter D. Adams

REGISTERED AGENT MUST SIGN

Date 3-28-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pres	Walter Adams	127 W. Wallace St	Orlando, FL 32809

10. 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)(l), 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:

Walter D. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 28, 2002 407-210-6569

Date

Daytime Phone #

or 321-436-3998

CR2E081 (9/00)



March 28, 2002

Division of Corporations
Department of State
409 East Gaines St.
Tallahassee, FL 32399

Dear Sir or Madame,

Please accept this application for Corporation Reinstatement. Enclosed is a check for \$1050 which will cover the fee of \$1200 and the \$8.75 fee for a certificate of status. The balance will be \$1050 after the \$158.75 that is already on record with the state. The original incorporation was filed on Sep 28, 1998 with a document P98000083697.

If there are any discrepancies, feel free to call me at 321-436-3998 which is the best way to reach me.

Sincerely,

Walter D. Adams
President
Double Eagle Services, Inc.