

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAY -3 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000013295

1. Corporation Name

E + E SERVICES, INC

2. Principal Office Address

1039 ITZEHOE AVENUE NW

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PALM BAY, FL

City & State

Zip

32907

Country

USA

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

2/8/99

SP

5. FEI Number

59-3560706

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

DANIEL D. EDER

4000004287434-3

-05/22/01--01074--015

\*\*\*300.00 \*\*\*300.00

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

1039 ITZEHOE AVENUE NW

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32907

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

*Daniel D. Eder*

REGISTERED AGENT MUST SIGN

Date 3/10/01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	Daniel D. Eder	1039 ITZEHOE AVENUE NW	Palm Bay, FL 32907
VP	Kimberly K. Eder	1039 ITZEHOE AVENUE NW	Palm Bay, FL 32907

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)(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:

*Daniel D. Eder*

Daniel D. Eder

3/10/01

321-952-8384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #