

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATE



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000048196

1. Corporation Name

SCREAMIN EAGLE ENTERPRISES, INC.

Principal Place of Business

660 DOVER STREET  
SUITE A-15  
BOCA RATON FL 33487

Mailing Address

660 DOVER STREET  
SUITE A-15  
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/24/1999

5. FEI Number

65-0924055

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
PS	EAGLE, GARY	660 DOVER STREET, SUITE A-15	BOCA RATON FL 33487

500008763905  
11/04/02--01010--008 \*\*150.00

8. Name and Address of Current Registered Agent

EAGLE, GARY  
660 DOVER STREET  
SUITE A-15  
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

*Signature of Gary Eagle*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/28/02

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.

SIGNATURE:

*Signature of Gary Eagle*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02 (561) 239-1283  
Date Daytime Phone #

CR2E040 (8/02)

Screamin Eagle Enterprises Inc.  
Dover Street, Apt. A-15  
Boca Raton, Florida 33487

October 28, 2002

Division of Corporations  
State of Florida  
P.O. Box 6327  
Tallahassee, FL 32314

RE: 2002 Corporate AUB Report  
Reinstatement Application  
(See Attached Doc. No. P99000048196)

To whom it may concern;

In response to the notice of Dissolution or Revocation of the above Corporation, please accept this letter as testimony to the actions taken by the Corporation in effort to clear this action. The original notice of the Annual Report/Uniform Business Report was never received at the above address. On August 15, 2002 your office was mailed the Annual Corporate Report referenced above with a check made to Department of State in the amount of \$150.00 for the late fee. On or about October 23, 2002 I received a notice of dissolution/revocation of the above referenced corporation. I am enclosing the original application for reinstatement along with a check made to the Department of State in the amount of \$150.00 for the late fee.

Please accept my apology for this inconvenience and I respectfully request reinstatement of Corporation at your earliest convenience without additional penalties.

Sincerely,  
SCREAMING EAGLE, INC.

Gary Eagle  
President

Cc: File