PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

P99000088270 **DOCUMENT#**

1. Corporation Name

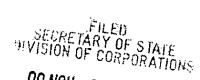
C.S. PEPPERS EAGLE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

27898 NEW YORK STREET

27898 NEW YORK STREET



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BONITA S	PRINGS FL 34134	SPKINGS FL 34134	11NGS FL 34134) (GE 11967) ISE 1916 1910 9910 4610 4610 6110 1919 1919 1919 1919 1919				
	ddresses are incorrect in any way, lir ncipal Office Address, If Applicable		t information and ente		4. Date Incorp	porated or Qualified			
Suite, Apt. #, etc. Suite, Apt.			etc.		Date Incorporated or Qualified To Do Business in Florida 10/04/1999				
				, etc.		5. FEI Number Applied For			
City & State	9	City & Sta	City & State			65-05082-30 Not Applicable			
Zip Country Zip			Coun	Country		CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
. Names	and Street Addresses of Each Officer	and/or Director (I	lorida nonprofit corpo	rations must list at le	ast 3 directors)				
Title(s)	Name of Officer and/or Director 2		Street Address of Each Officer and/or Director		City / State / Zip				
VD	PEPPERS, JASON 27898 NEW YO			ORK STREET	BONITA SPRINGS FL 34134				
PSD	PEPPERS, CLYDE	27898 NEW Y	27898 NEW YORK STREET		BONITA SPRINGS FL 34134				
TD	TD PEPPERS, LARRY			27898 NEW YORK STREET			BONITA SPRINGS FL 34134		
	8. Name and Address of Cui	rent Pegistered A	Logorit .		\$7 m/2	100034 -11/28/ *****15	0.00 *	****** 3000	
	o. Name and Address of Cur	tellt Kedistoled y	· ·	Name	J. Hame and	Address of New Neg	iotelea Ago		
2789	ers, clyde 8 New York Street	Street Address (P.O. Box Number is Not Acceptable)							
BONI	TA SPRINGS FL 34134			Suite, Apt. #, Et	С.				
				City			State Z	ip Code	
10. I, being	g appointed the registered agent of the				obligations of Sec	tion 607.0505, F.S.			
Signature o Registered	of Agent		AGENT MUST SIGN			Date			
this rein	that I am an officer or director or the instatement application, the reason for the corporation have been paid an application is true and accurate, and	receiver or trustee dissolution has be the names of ind	empowered to execute en eliminated, the cortividuals listed on this f	porate name satisfie orm do not qualify fo	s the requirement or an exemption ur	s of section 607.0401 nder section 119.07(3)	or 617.0401,)(i), F.S. The	F.S., that all fees	
SIGNA	SIGNATURE AND TYPED	R PRINTED NAME	OF SIGNING OFFICER OF	R DIRECTOR		Date		se Phone #	

(

To Whom I May Concern,

Please accept this payment out we Nove not Received any Other documentation Thank-you for your time and trouble

Sencerly, C-S. Peppers, President