

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 12:55

DOCUMENT # P99000088270

1. Corporation Name

C.S. PEPPERS EAGLE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

27898 NEW YORK STREET
BONITA SPRINGS FL 34134

27898 NEW YORK STREET
BONITA SPRINGS FL 34134



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0508230

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	PEPPERS, JASON	27898 NEW YORK STREET	BONITA SPRINGS FL 34134
PSD	PEPPERS, CLYDE	27898 NEW YORK STREET	BONITA SPRINGS FL 34134
TD	PEPPERS, LARRY	27898 NEW YORK STREET	BONITA SPRINGS FL 34134

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-11/28/00--01102--015

****150.00 ****150.00

8. Name and Address of Current Registered Agent

PEPPERS, CLYDE
27898 NEW YORK STREET
BONITA SPRINGS FL 34134

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLYDE PEPPERS

Date

10-24

Daytime Phone #

273 5122

CR2E040 (8/00)

Nov. 2, 2000

To Whom It May Concern,

Please Accept this payment as we
Have not Received Any Other documentation
Thank-You for your time and trouble

Sincerely,
C.S. Peppers, President