

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000105679

1. Corporation Name

Eagle Electrical Systems, Inc.

wt-12949

2. Principal Office Address - No P.O. Box #

7428 Herrick's Loop

Suite, Apt. #, etc

3. Mailing Office Address

7428 Herrick's Loop

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32835

Country

Orange

Zip

32835

Country

Orange

7. Name and Address of Current Registered Agent

Name

Kevin M Nugent

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

7428 Herrick's Loop

Suite, Apt. #, Etc

City

Orlando

State

FL

Zip Code

32835

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

Kevin M Nugent

REGISTERED AGENT MUST SIGN

Date 03/10/10

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
P	Kevin M. Nugent	7428 Herrick's Loop	Orlando, FL 32835

10. E-mail Address: kevinnugent@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

Kevin M Nugent

Kevin M. Nugent

03/10/10

321-229-7618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
10 MAR 23 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400172223794
03/15/10--01062--007 **308.75
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 12/03/1999

5. FEI Number

59-3613790

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

400172223794
03/23/10--01014--008 **150.00