

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN 10 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000105999

1. Corporation Name

EAGLEWING INTERNATIONAL INC

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

765 DUNBAR AVENUE

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

Zip

34677

Country

3. Mailing Office Address

765 DUNBAR AVENUE

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

Zip

34677

Country

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business In Florida**

12/06/1999

5. FEI Number
593615162

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.

7. Name and Address of Current Registered Agent

Name

Geoffrey McCarthy

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

765 DUNBAR AVENUE

Suite, Apt. #, Etc.

City

OLDSMAR

State

FL

Zip Code

34677

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**

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/5/2008

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
D	Geoffrey McCarthy	10872 105th St N	Largo, FL 33773
D	Susan McCarthy	146 Velma Drive	Largo, FL 33770

300115903763
01/23/08--01039--017 **308.75

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 contained in Chapter 119, 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]

Susan McCarthy

1/5/2008

813-855-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #