H99000024032 7

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 29 AM 11:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S42761

1. Corporation Name

E.A.G. ENTERPRISES, CORP.

Principal Place of Business / Mailing Address

P.O. Box 277556
Miramar, Florida 33027-7556

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

REINSTATEMENT 93-99

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / County

4. Date Incorporated or Qualified To Do Business in Florida: 04/03/1991

5. FEI Number: ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	EDUARDO GARCIA	8841 NW 150th Street	Miami, Florida 33018

8. Name and Address of Current Registered Agent

EDUARDO GARCIA
8841 NW 150th STreet
MIami, Florida 33018

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: Eduardo Garcia — Date:
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

*12. 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: Eduardo Garcia — Date
*SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

8/19/27

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

E.A.G. ENTERPRISES, CORP.

Certificate of Status	1
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