

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

98 OCT 14 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 547248

1. Corporation Name
Eagle Construction Group, INC.

Principal Place of Business Mailing Address
3243 Burchfield Ave 3243 Burchfield Ave
Orlando, FL 32812 Orlando, FL 32812

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

2. New Principal Office Address, If Applicable
3243 Burchfield Ave
Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32812

Country
USA

3. New Mailing Office Address, If Applicable
3243 Burchfield Ave
Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32812

Country
USA

REINSTATEMENT 9798 (20)

4. Date Incorporated or Qualified To Do Business in Florida
4/25/91

5. FEI Number
59-3064189

Applied For
Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES T, S, V	CASEY, Shawn A.	3243 Burchfield Ave	Orlando, FL 32812
			100002668011--S -10/20/98--01050--008 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Shawn A. Casey
3243 Burchfield Ave
Orlando, FL 32812

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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
Shawn A. Casey
REGISTERED AGENT MUST SIGN

Date 8/21/98

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: Shawn A. Casey 8/30/98 407-384-9513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (1/98)