

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

96 NOV 20 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41815**

1. Corporation Name
BIRDIE/EAGLE ENTERPRISES, INC.

Principal Place of Business
**4335 LONDONTOWN ROAD
TITUSVILLE FL 32796**

Mailing Address
**4335 LONDONTOWN ROAD
TITUSVILLE FL 32796**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1992

5. FEI Number

58-3135321

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)

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
PYST	CARSON, ROBERT L	4335 LONDONTOWN RD	TITUSVILLE FL
D	CARSON, ROBERT L	4335 LONDONTOWN RD	TITUSVILLE FL

800002011738--0
11/21/96 81483-818
***383.75 ***383.75

081-21-96

8. Name and Address of Current Registered Agent

CARSON, ROBERT
4335 LONDONTOWN RD
TITUSVILLE FL 32796

9. Name and Address of New Registered Agent

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 607.0305, F.S.

Signature of
Registered Agent

Robert Carson
REGISTERED AGENT MUST SIGN

Date **Nov. 19-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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:

Robert Carson
ROBERT CARSON
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date **Nov 19 1996**
Daytime Phone # **407-269-4653**