

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB -7 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V73131**

**1. Corporation Name**

Eager Beaver Enterprises, Inc.

W00-2510

**2. Principal Office Address**

1280 Nassauville Road

Suite, Apt. #, etc.

City & State

Fernandina Beach, Florida

Zip

32034

Country

USA

**3. Mailing Office Address**

1280 Nassauville Road

Suite, Apt. #, etc.

City & State

Fernandina Beach, Florida

Zip

32034

Country

USA

**REINSTATEMENT** 93-00

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

10/21/1992

**5. FEI Number**

59-3123192

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

John J. Carter

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

1296 Nassauville Road

Suite, Apt. #, Etc.

City

Fernandina Beach,

State  
**FL**

Zip Code  
32034

4000003172614-0

-03/16/00--01059--010

\*\*\*1800.00 \*\*\*1800.00

**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

*John J. Carter*

REGISTERED AGENT MUST SIGN

Date

2-3-00

**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
V	John J. Carter, Sr.	1296 Nassauville Road	Fernandina Bch, FL 32034
P	John J. Carter, Jr.	1238 Nassauville Road	Fernandina Bch, FL 32034

**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 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:**

*John J. Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Carter

Date

Daytime Phone #

904-277-3157