

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **H72797**

1. Corporation Name

EAGLE DEMOLITION CO., INC.

Principal Place of Business

7314 NUNDY AVE
GIBSONTON FL 33534
US

Mailing Address

P. O. BOX 0178
GIBSONTON FL 33534
US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/23/1985	
City & State		City & State		5. FEI Number	
Zip		Country		60-2553148	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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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	4. City / State / Zip
PD	SHULNBURG, R. V.	7314 NUNDY AVE	GIBSONTON FL
D	REDMOND, FRANCIS	7314 NUNDY AVE	GIBSONTON FL

888883031768--1
-11/02/99--01020--003
****750.00 ****750.00

Handwritten signature: JH 10/18/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PERLMAN, JOSEPH N. 1101 BELCHER RD. SUITE B LARGO FL 34641		Name Michael R. Carey Street Address (P.O. Box Number is Not Acceptable) 712 South Oregon Avenue Suite, Apt. #, Etc. City Tampa State FL Zip Code 33606	

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: *Michael R. Carey* Date: Oct. 18, 1999

REGISTERED AGENT MUST SIGN

11. 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: *[Handwritten Signature]* DATE: 10/13/99 DAYTIME PHONE #: 813-677-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR