

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P94000085223**

1. Corporation Name

EAGLE AMALGAMATED SERVICES, INC.

Principal Place of Business

7314 NUNDY AVE
GIBSONTON FL 33534
US

Mailing Address

P O BOX 0178
GIBSTONTON 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1994

5. FEI Number

59-3279661

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	4 City / State / Zip
D	SHULNBURG, NANCY	7314 NUNCY AVE. P.O. BOX 178	GIBSONTON FL
D	REDMOND, FRANCIS J	7314 NUNDY AVE P.O. BOS 178	GIBSONTON FL
D	PEARLMAN, JOSEPH N	1101 BELCHER RD S SUITE B	LARGO FL 34641
			000003031770--5
			-11/02/99--01020--004
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEARLMAN, JOSEPH N
1101 BELCHER RD S
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

33605

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99

Date

Daytime Phone #

813-677-2555