

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -1 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000028394

1. Corporation Name  
EAGLE BAY INC.

Principal Place of Business 1202 NORTHWEST 8 AVENUE OKEECHOBEE FL 34972	Mailing Address POST OFFICE BOX 2057 OKEECHOBEE FL 34973-2057
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 03/28/1997	5. FEI Number 65-0737530 Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	BYRD, DANIEL MARTIN	1202 NORTHWEST 8 AVENUE	OKEECHOBEE FL 34972
VP	BYRD, IVY E	1202 NORTHWEST 8 AVENUE	OKEECHOBEE FL 34972
			200003038982--7 -11/09/99--01012--002 ***750.00 ***750.00
<b>REINSTATEMENT 99 TS</b>			

8. Name and Address of Current Registered Agent DAVID BYRD, DANIEL M 1202 N.W. 8TH AVENUE OKEECHOBEE FL 34972	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
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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: *Daniel Martin* REGISTERED AGENT MUST SIGN Date: 11/26/99

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: *D S Byrd* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10-26-99 Daytime Phone #: 863 763 5600

C202040 (8/99)