

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 APR -5 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104430

1. Corporation Name

E A C AND SONS CORPORATION

Principal Place of Business

127 SEABREEZE CIR.
KISSIMMEE FL 34743

Mailing Address

127 SEABREEZE CIR.
KISSIMMEE FL 34743



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

4/8/99 90078031 8/50.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/14/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3553656

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	CHAPARRO, EDGAR A	127 SEABREEZE CIR.	KISSIMMEE FL 34743

8. Name and Address of Current Registered Agent

TORRES, ALFRED
911 N. MAIN ST.
SUITE 5
KISSIMMEE FL 34744

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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

SIGNATURE REQUIRED

Date 2-23-99 200

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E040 (8/98)

4/5/00

To: Whom my Concern.

By This letter I want to explain
that the reason that I do not
Respond to the letter from the state
Department was, Because I did not
Receive the letter on the mail
at all please accept this letter as
the reason why my Corporation did not
Respond your letter with the F.E.I
Number.

T. Harts
Edgar J. Chapman
President