Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
https://sos.oregon.gov/business/

Registry Number: 213048598
Date of Organization: 06/07/2023
Type: DOMESTIC LIMITED LIABILITY COMPANY

FILED: DEC 3, 2024
OREGON SECRETARY OF STATE

213048598-27007887

THREE EAGLES CONSTRUCTION... **REIANA**

RE: THREE EAGLES CONSTRUCTION LLC

APPLICATION FOR REINSTATEMENT/REACTIVATION

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit $200 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 08/08/2024

The reason(s) for administrative dissolution has been eliminated or did not exist.

Execution:
I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

By: _____ Date: 12/03/24
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry
Corporation Division
(503) 986-2200

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REINSTATEMENT ANNUAL REPORT
Registry Number: 213048598
Date of Organization: 06/07/2023
Type: DOMESTIC LIMITED LIABILITY COMPANY

THREE EAGLES CONSTRUCTION LLC
1043 E ST
INDEPENDENCE OR 97351

Name of Domestic Limited Liability Company
THREE EAGLES CONSTRUCTION LLC
Jurisdiction: OREGON

The following information is required by statute. Please complete the entire form.

Registered Agent
OMAR PARROQUIN MUNOZ
1043 E ST
INDEPENDENCE OR 97351

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) Type of Business

2) Principal Place of Business (Address,city,state,zip)
1043 E ST
INDEPENDENCE OR 97351

3) Mailing Address (Address,city,state,zip)
1043 E ST
INDEPENDENCE OR 97351

4) ☑ **Member or** ☐ **Manager**(Name&Address)
OMAR PARROQUIN MUNOZ
1043 E ST
INDEPENDENCE OR 97351

5) ☑ **Member or** ☐ **Manager** (Name&Address)
OMAR JOVANNY PARROQUIN CRUZ
1043 E ST
INDEPENDENCE OR 97351

Execution:
I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) Signature [signature] **7) Printed Name** Omar Parroquin

8) Date 12/03/24 **9) Phone Number** ~~9717162962~~ 9717162962

Make check payable to "Corporation Division" and mail to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.