

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **J42568**

03 OCT 21 PM 4: 24

1. Corporation Name

**S.E.H., INCORPORATED**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O WILLIAM E. DINGMAN  
 1051 WEST WEBSTER AVENUE  
 WINTER PARK FL 32789

C/O WILLIAM E. DINGMAN  
 1051 WEST WEBSTER AVENUE  
 WINTER PARK FL 32789



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

**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/17/1986

---Suite, Apt. #, etc.---

---Suite, Apt. #, etc.---

5. FEI Number

59-2730528

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  4

\$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	DINGMAN, WILLIAM E.	1621 VIA TUSCANY	WINTER PARK FL
STD	DINGMAN, WILLIAM E	1621 VIA TUSCANY	WINTER PARK FL
			400023983254 10/21/03--01127--005 **750.00

*R 10/24*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DINGMAN, WILLIAM E.  
 1051 WEST WEBSTER AVENUE  
 WINTER PARK FL 32789

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

**SIGNATURE REQUIRED**

Date

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]*

**SIGNATURE REQUIRED**  
 WILLIAM E. DINGMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03

Date

407-528-0550

Daytime Phone #

CR2E040 (7/03)