

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

2000UBR

FILED  
 00 OCT 30 PM 3: 29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N99000007126

1. Corporation Name

NE - SE INCORPORATED

Principal Place of Business

Mailing Address

P O BOX 41431  
 JACKSONVILLE FL 32203-1431

P O BOX 41431  
 JACKSONVILLE FL 32203-1431



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

09/05/00 90043 001 tel. 25

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For  
 Not Applicable

City & State

City & State

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 |
|------------|-------------------------------------|--|----------------------|
| T. & D.    | Rosalind Carter                     | 5032 GRANDWAY DR 32209                           | JAX. FLA. 32209      |
| T.         | Justine Conley                      | 2063 Dellwood Ave JAX. FLA. 32204                | JAX. FLA. 32204      |
| T.         | Constance H Young                   | 2254 LANTANA AVE.                                | JAX. FLA. 32209      |
| D.         | JEAN LEWIS                          | 9356 NORFOLK BLVD.                               | JAX. FLA. 32208      |
| D.         | CARLLOD G. MAY                      | 4028 SPENSER COVE DR.                            | Duluth, GA 30097     |
| D.         | Antoinette Wimberly                 | 5429 Foxborough Rd.                              | JAX FLA. 32208       |

8. Name and Address of Current Registered Agent

CLARK, BEVERLY C  
 542 W 18TH ST  
 JACKSONVILLE FL 32206

9. Name and Address of New Registered Agent

Name: NE-SE  
 Street Address (P.O. Box Number is Not Acceptable): P.O. BOX 41431 SP  
 Suite, Apt. #, Etc.:  
 City: JAX. State: FL Zip Code: 32203

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

*Beverly C Clark*  
 SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date 10/20/00

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:

*Beverly C Clark*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00  
 Date

904  
 632-0747  
 Daytime Phone #