

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE
	Sandra B. Mortham
	Secretary of State
	DIVISION OF CORPORATIONS

FILED

99 SEP 23 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000010595

1. Corporation Name

SOUTHEAST FLORIDA BUSINESS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

10132 NW 4TH ST

10132 NW 4TH ST.

PLANTATION, FL 33324 PLANTATION, FL 33324

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

2. New Principal Office Address, If Applicable
1876 N. UNIVERSITY DR.

3. New Mailing Office Address, If Applicable
1876 N. UNIVERSITY DR.

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/96

Suite, Apt. #, etc.
SUITE 300F

Suite, Apt. #, etc.
SUITE 300F

5. FEI Number

65-0656791

Applied For

Not Applicable

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$4.75 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P, D	STEVE LANDER	409 S.E. 7TH ST.	FT LAUDERDALE, FL 33301

400003006204--2
-10/05/99--01081--021
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEVEN LANDER 10132 NW 4TH ST. PLANTATION, FLORIDA 33324	Name JOHN BERNARD Street Address (P.O. Box Number is Not Acceptable) 1876 N UNIVERSITY DR Suite, Apt. #, Etc. SUITE 300F City PLANTATION State FL Zip Code 33322
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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

REGISTERED AGENT MUST SIGN

Date 9/13/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 name 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE