

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 77-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 APR 17 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 369526

1. Corporation Name

S.E.D. ENTERPRISES, INC.

Mailing Address

Principal Place of Business

2612 West Tennessee Street
Tallahassee, Florida 32304

300002149823--0

-04/21/97--01157--012

***2493.75 ***2493.75

300002149823--0

-04/21/97--01157--013

***2493.75 ***2493.75

DO NOT WRITE IN THIS SPACE

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1376105

Applied For

City & State

City & State

Not Applicable

Zip Country Zip Country

6.

CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	E.P. Dunaway III	3328 Northshore Circle	Tallahassee/FL/32312
V	Block Smith	7626 Buck Lake Road	Tallahassee/FL/32311

REINSTATEMENT 77-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

E.P. Dunaway III
3328 Northshore Circle
Tallahassee, FL 32312

Name

Debra Taube

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

3228 Yorktown Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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 4-16-97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

4-16-97

Date

904-386-1788

Daytime Phone #

CR20040 (6/94)