

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 466031

1. Corporation Name

SOUTHEASTERN WIRE CORPORATION

Principal Place of Business

9800 REEVES ROAD
P.O. BOX 1968
TAMPA FL 33601

Mailing Address

9800 REEVES ROAD
P.O. BOX 1968
TAMPA FL 33601

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1974

5. FEI Number

59-0707254

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

50

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	AUGELLO, MICHAEL A	9800 REEVES RD	TAMPA FL 33610
VCFO	MECKLEY, M. SCOTT	9800 REEVES RD	TAMPA FL 33610
VS	SCHARER, JOSEPH U	222 CHURCH ST	WOODSTOCK IL 60090
P	JAMES W. BRADSHAW	9800 REEVES RD	TAMPA FL 33619
			300003472419--6 -11/21/00-01033-010 *****758.75 *****758.75

8. Name and Address of Current Registered Agent

MECKLEY, M. SCOTT
9800 REEVES RD.
TAMPA FL 33619

9. Name and Address of New Registered Agent

Name

James W. Bradshaw

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

9800 Reeves Road

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

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

James W. Bradshaw
REGISTERED AGENT MUST SIGN

Date 10/24/00

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.

KE

SIGNATURE:

James W. Bradshaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Bradshaw

10/24/00

Date

(813) 626-3191

Daytime Phone #