

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

DOCUMENT # **506946**

01 FEB 22 AM 10: 11

1. Corporation Name

**SOUTHEASTERN PERSONNEL MANAGEMENT, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

225 WEST BUSCH BLVD  
TAMPA FL 33612

225 WEST BUSCH BLVD  
TAMPA FL 33612



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

**REINSTATEMENT** 00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/1976 **SP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1821837

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
<del>DP</del>	<del>CONNLEY, GEORGE W.</del>	<del>225 WEST BUSCH BLVD</del>	<del>TAMPA FL 33612</del>
<del>DV</del>	<del>TITUS, DANIEL L.</del>	<del>225 WEST BUSCH BLVD</del>	<del>TAMPA FL 33612</del>
<del>ST</del>	<del>GUSMANG, ROBERT A.</del>	<del>225 WEST BUSCH BLVD</del>	<del>TAMPA FL 33612</del>
P	Pendrey, Thomas G.	225 West Busch Blvd	Tampa, Fl 33612
S	Johnson, Frank L.	225 West Busch Blvd	Tampa, Fl 33612

100003783601--1  
-02/27/01--01127--005  
\*\*\*988.75 \*\*\*988.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DAVIS, PAUL G.~~  
~~ONE HARBOUR PLACE~~  
~~5TH FLOOR~~  
~~TAMPA FL 33602~~

Name  
**CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
Suite, Apt. #, Etc.  
City  
**Plantation**  
State  
**FL**  
Zip Code  
**33324**

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

*Vicky Goldstein*

**VICKY GOLDSTEIN**  
**SPECIAL ASSISTANT SECRETARY**  
REGISTERED AGENT MUST SIGN

Date **2-21-01**

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:

*Frank L. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/2001**  
Date

**813-935-2000**  
Daytime Phone #

Frank L. Johnson  
Secretary

CR2ED40 (8/00)