

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

97 MAR 11 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 820496

1. Corporation Name

SELIG ENTERPRISES, INC.

Principal Place of Business

1100 SPRING STREET N W
SUITE 550
ATLANTA GA 30309-2848

Mailing Address

1100 SPRING STREET N W
SUITE 550
ATLANTA GA 30309-2848

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1967

5. FEI Number

58-6016800

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SELIG, S. STEPHEN III	1100 SPRINGS ST., SUITE 550	ATLANTA GA 30309
SVD	DAWKINS, WILLIAM J	1100 SPRINGS ST., SUITE 550	ATLANTA GA 30309
VD	WITT, DAVID E	1100 SPRINGS ST., SUITE 550	ATLANTA GA 30309
VD	RIDDLE, ROBERT C	1100 SPRINGS ST., SUITE 550	ATLANTA GA 30309
VT	STEIN, RONALD J	1100 SPRINGS ST., SUITE 550	ATLANTA GA 30309

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Thomas B. Drage, Esq
Drage, Debeaubien, Knight, Simmons, Romano
and Neal

332 North Magnolia Ave
Orlando, FL 32802

Name

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

Suite, Apt. #, Etc.

600002111856-1

03/12/97-01117-001

****\$15.00 ****\$15.00

State
FL

Zip Code

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

MB A

REGISTERED AGENT MUST SIGN

Date

3/10/97

11. 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.)

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William J. Dawkins, Senior Vice President and Secretary

March 5, 1997 (404) 876-5511

Date

Daytime Phone #

CR2E040 (7/96)