

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB -4 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 820496

1. Corporation Name

SELIG ENTERPRISES, INC.

500028659915  
02/12/04--01037--004 \*\*8.75

2. Principal Office Address

1100 Spring Street, NW

Suite, Apt. #, etc.

Suite 550

City & State

Atlanta, Georgia

Zip

30309

Country

USA

3. Mailing Office Address

1100 Spring Street, NW

Suite, Apt. #, etc.

Suite 550

City & State

Atlanta, Georgia

Zip

30309

Country

USA

**REINSTATEMENT**

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

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. Name and Address of Current Registered Agent**

Name

Debeaubien, Hugo H., Esquire

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

Debeaubien Knight Simmons Mantzaris & Neal

Suite, Apt. #, Etc.

332 North Magnolia Avenue

City

Orlando

State

FL

Zip Code

32802

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

1/23/04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Selig, S. Stephen III	1100 Spring Street, NW, Suite 550	Atlanta, Georgia 30309
SVD	Dawkins, William J.	1100 Spring Street, NW, Suite 550	Atlanta, Georgia 30309
VD	Witt, David E.	1100 Spring Street, NW, Suite 550	Atlanta, Georgia 30309
VD	Riddle, Robert C.	1100 Spring Street, NW, Suite 550	Atlanta, Georgia 30309
VT	Stein, Ronald J.	1100 Spring Street, NW, Suite 550	Atlanta, Georgia 30309

10. 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:

William J. Dawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/04

404.876.5511

Daytime Phone #

CR2E081 (10/02)