

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Joye

CORPORATION REINSTATEMENT

PRITCHARD INDUSTRIES (SOUTHEAST), INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00

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Corporate Filing Menu

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JUN. 17. 2009 1:17PM

C S C

NO. 526

P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED
DIVISION OF STATE CORPORATIONS

09 JUN 17 PM 2:30

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000005812

1. Corporation Name

Pritchard Industries (Southeast),
Inc.

2. Principal Office Address - No P.O. Box #

6303 Blue Lagoon Drive

3. Mailing Office Address

1120 Avenue of the Americas

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

17th Floor

City & State

Miami, Florida

City & State

New York, NY

Zip

33120

Country

Zip

10036

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2000

5. FEI Number

58-1927196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Joyce L. Markley

REGISTERED AGENT MUST SIGN

Date 6/17/2009

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

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CP	Peter D. Pritchard	1120 Avenue of the Americas - 17 Floor	New York, NY 10036
DST	Frank Soveri	1120 Avenue of the Americas - 17th Floor	New York, NY 10036
DV	Jimmie Mangum	216 Business Center Drive	Birmingham, AL 35244

06-09 B6/m/j

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 contained in Chapter 119, 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:

Secretary and Treasurer
FRANK S. SOVERI

6/10/09 212.382-2295

Day

Daytime Phone #