

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 AUG 24 AM 11:31

DOCUMENT # F03000001478

1. Corporation Name

Southern Erectors Contracting Corporation

200159886192  
08/24/09--01056--007 \*\*600.00

KS

REINSTATEMENT 06-09  
CR2E081 (12/08)

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

1454 Avella Road

3. Mailing Office Address

P.O. Box 249

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Avella, PA

City & State

Avella, PA

Zip

15312

Country

USA

Zip

15312

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/25/2003

5. FEI Number  
01-0701018

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

John Sweeder

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

1782 West Virginia Drive

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

☒ 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

*John Sweeder*

REGISTERED AGENT MUST SIGN

Date 8-5-09

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
Pres.	Jeffrey S. Gordon	7123 Woodall Court	Presto, PA 15142
Sec.	Jeffrey S. Gordon	7123 Woodall Court	Presto, PA 15142
Treas.	Jeffrey S. Gordon	7123 Woodall Court	Presto, PA 15142

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:

*Jeffrey S. Gordon* JEFFREY S. GORDON

8-5-09

724-587-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #