

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAR 15 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000000036

1. Corporation Name

SOUTHEASTERN INDUSTRIAL CONTRACTING
Co., INC.

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

593 OLD GRASSOAL RD

3. Mailing Office Address

P.O. Box 200531

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CARTERSVILLE GA

City & State

CARTERSVILLE GA

Zip

30120

Country

Zip

30120

Country

REINSTATEMENT

CR2E081 (11/10)

0812

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

58-2212191

☐ 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

MIKE CAMPBELL

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

1525 WILLIAMS LANDING RD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32310

300224867623
03/15/12--01019--014 **1350.00

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

Mike Campbell

Date 3-15-12

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
P	TOMMY SMITHBERGER	P.O. Box 200531	CARTERSVILLE GA 30120
D	DORIS SMITHBERGER	P.O. Box 200531	CARTERSVILLE GA 30120

10. E-mail Address: DTHACKER@SECONTRACTING.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Mike Campbell* MIKE CAMPBELL

3-15-12

850-933-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #