

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

NOV 26 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005741

1. Corporation Name

SOUTHEASTERN BIOMASS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

903 JERNIGAN ST.
PERRY GA 31069

903 JERNIGAN ST.
PERRY GA 31069

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

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

11/04/1994

5. FEI Number

58-2031530

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CP	WOOD, W J	903 JERNIGAN ST.	PERRY GA 31069
VCD	MCRAE, C. FINLEY	HWY. 2 EAST	GRACEVILLE FL 32440
DT	GRIFFIN, WILLIAM H III	1603 DRAYTON ROAD	CORDELE GA 31069
S	IRWIN, JOHN D	903 JERNIGAN STREET	PERRY GA

900002832149-6
-04/07/99-01071-006
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCRAE, C. FINLEY
% PANHANDLE ENERGY PRODUCERS, INC.
HIGHWAY 2 EAST
GRACEVILLE FL 32440

Name

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

Suite, Apt. #, Etc

City

State

Zip Code

FL

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

C. Finley M. De
REGISTERED AGENT MUST SIGN

Date: 3/11/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

C. Finley M. De

Date:

3/11/99

Daytime Phone #

CR2EAD (9/98)