

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000006261

1. Corporation Name

SOUTHERN ERECTORS OF P.A., INC.

Principal Place of Business

Mailing Address

PO BOX 549  
AVELLA PA 15312

PO BOX 549  
AVELLA PA 15312

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
P.O. Box 545  
AVELLA, PA

Zip

Country

Zip

Country

15312

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/1995

5. FEI Number

23-2817017

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	GORDON, JEFFREY S	5624 AIKEN RD.	MCKEES ROCKS PA 15136
S	GORDON, JAMES F JR	5 SUNNYCREST	CECIL PA 15321

600003456036--1  
-11/07/00--01114--021  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWEDER, JOHN  
1782 W. VIRGINIA DR.  
KISSIMMEE FL 34744

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*John Sweder*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date October 16, 2000

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., 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.

KE

SIGNATURE:

*John Sweder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 16, 2000

Date

734-587-3366

Daytime Phone #

CR2E040 (800)