	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM		
APPLICATION FLORIDA DE Sand				DEPARTMENT OF STATE andra B. Mortham Secretary of State ' sion of corporations		7		
DOCUMENT # F9700004225					98 DEC 29 AM 10: 42			
1. Corporation Name SEILER BUILDING CORPORATION					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
					ł L	TALLAHASSEC	., FLORIDA	
Principal Place of Business Mailing Addi 6729 WIEDBERRY-LANE — \$729 WIEDB			1 1887788					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTATEMENT			
2. New Principal Office Address, If Applicable 3. New No. 1268 Jefferson 12			iling Office Address, If Applicable 4. Date Inc. 8 Jefferson To Do E			orated or Qualified less in Florida	08/12/1997	
Suite, Apt. #, etc. Suite, Apt. City & State City & State			, etc. 5. FEI			 	Applied For	
Memphis, TN Men Zip Country Zip		Memp Zip	Ohis, TN 6.				Not Applicable 8.75 Additional Fee required for a Certificate of Starius	
7. Names	04 and Street Addresses of Each Officer and/o	3810 or Director (Flor		tions must list at lea			tor a certificate of staries	
Title(s)	Name of Officers St and/or Directors O 2 3 (Do NOT Us			eet Address of Each icer and/or Director e Post Office Box Nu	h r City / State / Zip 4			
PC	- (729 WILDBERRY LANE L268 Jefferson				
WC- DST	SEILER, DONALD W	6729 WILDBERRY LANE 1268 Jefferson			38104 MEMPHIS TN-38119- 38104			
= 5 \$T=	SEEER, SANDRAS 6729 W					MEMPHS = N = 30 118		
A3=	SEILER, WILLIAM A JR	6729-WILDBERRY-LANE			MEMPHS = N=38119			
,	900027373580 -01/12/9901005009 *****750.00 *****750.00							
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1209 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
				City		Sta	te Zip Code	
10. 1, 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 Date 12-1-98 REGISTERED AGENT MUST SIGN								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes X 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 Date Daytime Phone #								