


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>H15055</u> 1. Corporation Name SOUTHEASTERN LAND DEVELOPMENT CORPORATION			
Principal Place of Business 1807 THIRD COURT SUITE #3 WINTER HAVEN, FL 33880		Mailing Address P. O. BOX 1558 WINTER HAVEN, FL 33880	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 8/6/84		5. FEI Number 59-2442202 Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Edward C. Hood	3379 Main Street	Mineral Ridge, OH 44440
S	Ann Petrilla	309 Wae Trail	Cortland, OH 44410-1638
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Douglas Wise Street Address (P.O. Box Number is Not Acceptable) 4917 Lake Mabel Loop Road Suite, Apt. #, Etc. City Lake Wales, State FL Zip Code 33853	
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 <u>Douglas D. Wise</u> Date <u>2/7/97</u> <div style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</div>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u>Edward C. Hood, P/D</u> Edward C. Hood, P/D 2-6-97 330-654-4060 <div style="text-align: center; font-size: x-small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</div>			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

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