

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 20 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J91485

1. Corporation Name
S & E SERVICES, INC.

Principal Place of Business Mailing Address
7804 N. GOMEZ AVENUE 7804 N. GOMEZ AVENUE
P.O. BOX 15463 P.O. BOX 15463
TAMPA FL 33614 TAMPA FL 33614



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 4. Date Incorporated or Qualified To Do Business in Florida 09/09/1987
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country
5. FEI Number 59-2843910 Applied For Not Applied For
6. CERTIFICATE OF STATUS DECISION

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
D	FIDLER, STAN L.	7804 N GOMEZ AVE	TAMPA FL
			800003084038--5 -12/30/99--01020--013 ****758.75 ****758.75
			REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent
FIDLER, STAN L.
7804 N. GOMEZ AVENUE
TAMPA FL 33614
9. Name and Address of New Registered Agent
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 [Signature] SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 15 Dec 99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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] SIGNATURE REQUIRED 15 Dec 99 813-230-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #