

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 31 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K16962

1. Corporation Name

SOUTHEASTERN ACCESS CONTROL, INC.

Principal Place of Business

Mailing Address

~~4 MILES E. LENHART~~  
~~9800 REEVES RD~~  
~~TAMPA FL 33619~~

~~4 MILES E. LENHART~~  
~~9800 REEVES RD~~  
~~TAMPA FL 33619~~

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

2. New Principal Office Address, If Applicable  
c/o James W. Bradshaw

3. New Mailing Office Address, If Applicable  
c/o James W. Bradshaw

Suite, Apt. #, etc.  
9800 Reeves Road

Suite, Apt. #, etc.  
9800 Reeves Road

City & State  
Tampa, FL 33619

City & State  
Tampa, FL 33619

Zip Country  
33619 USA

Zip Country  
33619 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/04/1988

5. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO

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
P	AUGELLO, MICHAEL A	9800 REEVES RD	TAMPA FL 33619
VCE	MECKLEY, M. SCOTT	9800 REEVES RD	TAMPA FL 33619
VPS	SCHORER, JOSEPH U	222 CHURCH ST	WOODSTOCK IL 60098
P	JAMES W. BRADSHAW	9800 REEVES RD	TAMPA FL 33619
			700003469617--2 -11/20/00-01016-022 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

MECKLEY, M. SCOTT  
9800 REEVES RD  
TAMPA FL 33619

REINSTATEMENT

9. Name and Address of New Registered Agent

Name  
James W. Bradshaw  
Street Address (P.O. Box Number is Not Acceptable)  
9800 Reeves Road  
Suite, Apt. #, Etc.

City Tampa State FL Zip Code 33619

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

*James W. Bradshaw*  
REGISTERED AGENT MUST SIGN

Date 10/24/00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Bradshaw

10/24/00

(813) 626-3191

Date

Daytime Phone #