

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L08208

1. Corporation Name

SOUTHEAST COURIER, INC.

Principal Place of Business

1805 VIA DE LUNA  
PENSACOLA BEACH FL 32561

Mailing Address

POST OFFICE BOX 2  
PENSACOLA FL 32591  
US

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

P.O. Box 8599  
MANDERVILLE, LA.  
70470-8599  
U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/09/1989

5. FEI Number

59-2965720

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	REYNOLDS, SUSAN P	1805 VIA DE LUNA	PENSACOLA BEACH FL 32561

100008979331

11/14/02--01010--017 \*\*150.00

8. Name and Address of Current Registered Agent

LOZIER, DANIEL  
125 W. ROMANA ST.  
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

LOZIER

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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.

SUSAN P. REYNOLDS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/02

985-626-4047

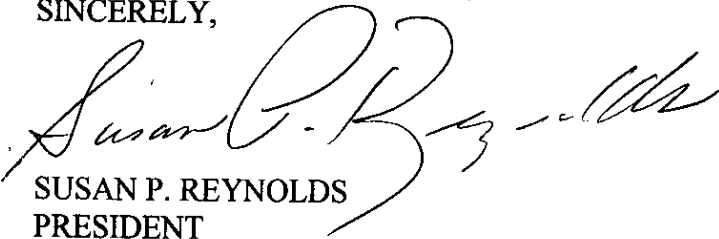
2 of 2

SOUTHEAST COURIER, INC.  
P.O. BOX 8599  
MANDEVILLE, LOUISIANA  
70470-8599

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA  
32314

DUE TO A DEATH IN MY FAMILY AND SUBSEQUENT RELOCATION, I  
APPARENTLY DID NOT RECEIVE THE FIRST TWO UNIFORM BUSSINESS  
REPORT FORMS. PLEASE REINSTATE MY CORPORATION'S ACTIVE STATUS  
AS EXISTED SINCE 1989.

SINCERELY,



SUSAN P. REYNOLDS  
PRESIDENT