

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 31 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003347

1. Corporation Name
SOUTHEAST BENEVOLENT AND MANAGEMENT ASSOCIATION, INC.

2. Principal Office Address
1207 Hamilton Bridge Rd.
Suite, Apt. #, etc.

3. Mailing Office Address
1207 Hamilton Br. Rd.
Suite, Apt. #, etc.

City & State
MILTON, FL

City & State
MILTON, FL

Zip 32570
Country Santa Rosa

Zip FL
Country Santa Rosa

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/10/97

5. FEI Number ☒ Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Edwin M. Johnson

Street Address (P.O. Box Number is Not Acceptable)
1207 Hamilton Bridge Rd.

Suite, Apt. #, Etc.

City
MILTON

State FL
Zip Code 32570-4625

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent** Edwin M. Johnson
REGISTERED AGENT MUST SIGN

Date 01-28-2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	JOHNSON, EDWIN M.	1207 Hamilton Bridge Rd.	Milton, FL 32570
DV	GUNTON, JOHN C.	116 Hinote Street	Milton, FL 32570
SAT	MAYHEW, MARILYN L.	5265 Del Monte St.	Milton, FL 32583
D	REDMOND, ROGER J.	302 Rolling Ridge Dr.	Chattanooga, TN 37421

98-00 AR: TS

10. 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:

Marilyn L. Mayhew Marilyn L. Mayhew 01/28/00 (850) 623-8207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #