

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 15 PM 4:15

DOCUMENT # P00000032740

1. Corporation Name

SOUTHEAST FIRE STOP, INC.

Principal Place of Business

116 HAWTHORNE RD.
ST. AUGUSTINE FL 32086

Mailing Address

116 HAWTHORNE RD.
ST. AUGUSTINE FL 32086



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

REINSTATEMENT

01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/2000

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

54-3633515

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	HENRY, CAVIN W	116 HAWTHORNE RD.	ST. AUGUSTINE FL 32086
D	HENRY, VICKIE L	116 HAWTHORNE RD.	ST. AUGUSTINE FL 32086

200004658622--6
-10/30/01--01021--021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

HENRY, CAVIN W
116 HAWTHORNE RD.
ST. AUGUSTINE FL 32086

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-12-01

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

10-12-01

Date

Daytime Phone #

CR2ED40 (8/01)