

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 FEB 20 PH12: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P00000099796**

**1. Corporation Name**

Southeastern Architectural Railing, Inc.

**2. Principal Office Address**

1412 Magnolia Street

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

32168

Country

USA

**3. Mailing Office Address**

1412 Magnolia Street

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

32168

Country

USA

**REINSTATEMENT**

01-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/25/2000

**5. FEI Number**

59-3677077

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

Scott, David J.

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

1412 Magnolia Street

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

800012800258

02/20/03--01007--017 \*\*1090.00

**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

*David J. Scott*

REGISTERED AGENT MUST SIGN

Date Feb 13, 2002

**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
D	David J. Scott	1412 Magnolia Street	New Smyrna Beach, FL 32168

**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:**

*David J. Scott* DAVID J. SCOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

Date

Daytime Phone #

CR2E081 (10/02)