

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000086740

1. Corporation Name

SOUTHEASTERN REAL ESTATE & PROPERTY MANAGEMENT
ORP.

Principal Place of Business

1108 WATERBROOK LANE
WESTON FL 33326
US

Mailing Address

1108 WATERBROOK LANE
WESTON FL 33326
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

FILED

03 DEC 23 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/16/03 90143 021 150.00



400025724654

12/23/03--01025--014 **608.75

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/2002

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PRINCE, VINCENT T	1108 WATERBROOK LANE	WESTON FL 33326
VP	WEST, IVAN K	4528 GARDEN CITY DRIVE	LITHONIA GA 30038
T	PRINCE, DAMITA S	1108 WATERBROOK LANE	WESTON FL 33326
S	WEST, MAKEBA	4528 GARDEN CITY DRIVE	LITHONIA GA 30038

8. Name and Address of Current Registered Agent

PRINCE, VINCENT T
1108 WATERBROOK LANE
WESTON FL 33326

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

12/10/03

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.

SIGNATURE:

Vincent T. Prince

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/03

Date

954/562-2465

Daytime Phone #

CR2E040 (7/03)