

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 17 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099661

1. Corporation Name

SOUTHEAST ARBITRATION & MEDIATION, INC.

Principal Place of Business

8163 S.E. CROFT CIRCLE
C/9
HOBE SOUND FL 33455-6339
US

Mailing Address

8163 S.E. CROFT CIRCLE
C/9
HOBE SOUND FL 33455-6339
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



REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/2002

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	BERNHARDT, FRANCIS R	8163 S.E. CROFT CIRCLE C/9	HOBE SOUND FL 33455

100023910751
10/17/03--01075--001 **150.00

8. Name and Address of Current Registered Agent

BERNHARDT, FRANCIS R
8163 S.E. CROFT CIRCLE
C/9
HOBE SOUND FL 33455-6339

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

Francis R. Bernhardt
REGISTERED AGENT MUST SIGN

Date 10/12/03

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:

Francis R. Bernhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/03 772 546.2858

CR2040 (7/03)

283

Southeast Arbitration & Mediation, Inc.

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

10/12/03

RE: Notice of Administrative Dissolution or Revocation

Dear Ms. Glenda E. Hood;

I received the enclosed "Notice of Administrative Dissolution or Revocation" on Thursday October 9th. I phoned your office and explained I had not received the prior Uniform Business Report notices. The woman I spoke with directed me to send this letter along with the enclosed check for \$150.00.

I am sorry for any inconvenience this may have caused. I have had to use a post office box for my important mail as many of my neighbors have been kind enough to hand me mail that was inadvertently put in their box.

If you need to speak with me please call me at your convenience.

Sincerely,



Francis R. Bernhardt,
President, Southeast Arbitration & Mediation, Inc.