

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM *page 1 of 2*

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P02000106437

1. Corporation Name

SOUTHEAST REGIONAL DEVELOPMENT GROUP, INC.

Principal Place of Business

Mailing Address

~~6860 NW 46TH CT.  
LAUDERHILL FL 33319~~

~~6860 NW 46TH CT.  
LAUDERHILL FL 33319~~

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

2. New Principal Office Address, If Applicable

2510 NW 19th Street

Suite, Apt. #, etc.

Suite 1A

Ft. Lauderdale, FL

33311 USA

3. New Mailing Office Address, If Applicable

2510 NW 19th Street

Suite, Apt. #, etc.

Suite 1A

Ft. Lauderdale, FL

33311 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/2002

5. FEI Number

48-1285986

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>DPT</del>	<del>VAN RILES, SHELDON</del>	<del>6860 NW 46TH CT.</del>	<del>LAUDERHILL FL 33319</del>
<del>VSD</del>	<del>O RILES, JOHNNIE</del>	<del>6860 NW 46TH CT.</del>	<del>LAUDERHILL FL 33319</del>
<u>PVS</u> <u>TD</u>	<u>O Riles, Johnnie</u>	<u>6860 NW 46th CT</u>	<u>Lauderhill, FL 33319</u>

8. Name and Address of Current Registered Agent

~~TURNER, OTHEL~~  
~~6860 NW 46TH CT.~~  
~~LAUDERHILL FL 33319~~

9. Name and Address of New Registered Agent

Name Turner, Othel  
Street Address (P.O. Box Number is Not Acceptable)  
2510 NW 19th Street  
Suite, Apt. #, Etc. Suite 1A  
City Ft. Lauderdale State FL Zip Code 33311

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

**OTHEL TURNER & CO.**

ACCOUNTANTS  
5787 WEST SUNNYSIDE BOULEVARD \* HUMANA PLAZA  
PLANTATION, FLORIDA 33313  
(954) 583-2205 FAX: (954) 321-0532

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November 26th, 2003

Division of Corporations

Annual Report Section

P.O. Box 1500

Tallahassee, Fl. 32302-1500

**RE: SOUTHEAST REGIONAL DEVELOPMENT GROUP, INC**  
**DOCUMENT # P02000106437**

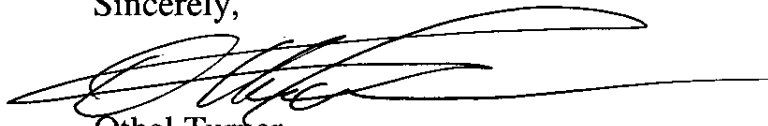
This letter is written as a request for abatement of the \$400.00 late fee due to reasonable cause, as requested by your office.

The taxpayer had a change in address and never received your original notice.

Herewith enclosed is a Check in the amount of \$150.00 for Southeast Regional Development Inc.

Please file accordingly and abate the late fee.

Sincerely,



Othel Turner  
For Johnnie O Riles