

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 23 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000120787

1. Corporation Name

Southeastern Tube Corp.

2. Principal Office Address

1610 N. Goldenrod Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32807

Country

USA

3. Mailing Office Address

1610 N. Goldenrod Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32807

Country

USA

REINSTATEMENT

63-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2002

5. FEI Number

83-0340836

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

Laurence C. Hames

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

215 North Eola Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

900030945899
03/23/04 01102 012 **900.00

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

Laurence C. Hames

Date **1/29/04**

Laurence C. Hames

REGISTERED AGENT MUST SIGN

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	Crawford, Donald S., Jr.	1610 N. Goldenrod Road	Orlando, FL 32807
D	Wolsefer, Kisel H.	1610 N. Goldenrod Road	Orlando, FL 32807

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:

Donald S. Crawford, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald S. Crawford, Jr., Director

Date

2-27-04

Daytime Phone #

3523478775

CR2E081 (10/02)

RB