

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JUL 24 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02573

1. Corporation Name

SOUTHEASTERN CHEROKEE CONFEDERACY, INC.

Principal Place of Business

Mailing Address

RT 4 BOX 120
ALBANY GA 31705
US

RT 4 BOX 120
ALBANY GA 31705
US

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

2. New Principal Office Address, If Applicable
619 Pine Cone Rd.

3. New Mailing Office Address, If Applicable
619 Pine Cone Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Albany, GA

City & State
Albany, GA

Zip **31705-6906** Country **Mitchell**

Zip **31705-6906** Country **Mitchell**

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1984

5. FEI Number

93-0788746

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JACKSON, WILLIAM P "RAT"	XXXXXXXXXX 619 Pine Cone Rd	ALBANY-GA 31705-6906
ST	JACKSON, MARY	XXXXXXXXXX 619 Pine Cone Rd.	ALBANY GA 31705-6906
BA	BROWN, CLEVE "LIGHTFOOT"	5452 N. DEAN ROAD	ORLANDO FL 32817-3241
			980002252389-9 -07/30/97--01052--010 ****297.50 ****297.50

REINSTATEMENT

8. Name and Address of Current Registered Agent

BROWN, CLEVE "LIGHTFOOT"
5452 N. DEAN RD.
ORLANDO FL 32817

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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.

July 3, 1997

Signature of
Registered Agent

Cleve "Lightfoot" Brown
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

7-3-97

Date

912-787-5722

Daytime Phone #

CR2E040 (7/96)