

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 24 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06807

1. Corporation Name

SOUTHEASTERN RESEARCH CORPORATION

2. Principal Office Address

2611 Forest Drive

Suite, Apt. #, etc.

Suite 204

City & State

Columbia, SC

Zip

29204

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 86-05
MRS

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

57 0640344

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

100047923951

03/08/05--01016--008 **3087.50

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

Date

2/18/05

REGISTERED AGENT MUST SIGN

SALVINA AMENTA-GRAY

SPECIAL ASSISTANT SECRETARY

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
PTD	Peterson, Gerald D.	2611 Forest Drive	Columbia, SC 29204
VD	Lindler, Charles	2611 Forest Drive	Columbia, SC 29204
SD	Peterson, Dianne	2611 Forest Drive	Columbia, SC 29204
SV	Baskin III, William	151 Farmington Ave	Hartford CT 06156

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Baskin, III, VP AND SECRETARY

Date

02/16/05

Daytime Phone #