


2006 FOR PROFIT CORPORATION REINSTATEMENT

1072

DOCUMENT # P21185		
1. Entity Name SOUTHEAST LEARNING SYSTEMS, INC.		

FILED

07 JAN 16 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-17-06 06041 025150



Principal Place of Business 35883 US HWY 280 SYLACAUGA, AL 35150 US	Mailing Address 35883 US HWY 280 SYLACAUGA, AL 35150 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11012006 REIN-P CR2E098 (11/05)

4. FEI Number 63-0955345	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCLAIN, EDDIE W. 348 SW MIRACLE STRIP PKWY STE 29 FORT WALTON BEACH, FL 32548		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Gen G. Perkins / Chairman* DATE: 11/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCLAIN, EDDIE W. 123 HICKORY STREET CHILDERSBURG, AL 35044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVD PERKINS, GEORGE A. 1636 OLD FAYETTEVILLE RD SYLACAUGA, AL 35150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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01/30/07--01017--015 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gen G. Perkins / Chairman* DATE: 11/28/06 DAYTIME PHONE: 205 902-1348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2072

Southeast Learning Systems, Inc.
35883 US Highway 280
Sylacauga, AL 35150

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

Attention: Ms. Marquitta Williams

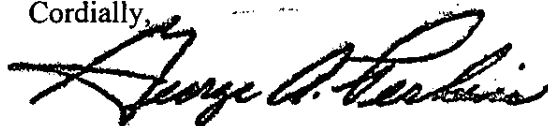
Re: Southeast Learning Systems
#P21185

Dear Ms. Williams:

We request that you waive the \$600.00 fee for reinstatement. We did not receive the postcard in the mail for renewal.

Enclosed, please find a check for \$150.00 for 2007, a copy of your letter and the original reinstatement request per your instructions.

Cordially,

A handwritten signature in cursive script, appearing to read "George Perkins".

George Perkins
Vice President