

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21857**

1. Corporation Name

SOUTHERN CONTRACTORS AND MACHINE ERECTORS, INC.

Principal Place of Business

1527 MADISON HIGHWAY
VALDOSTA GA 31601-6586

Mailing Address

1527 MADISON HIGHWAY
VALDOSTA GA 31601-6586

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1988

5. FEI Number

58-1684889

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
P	ZAGER, JAMES	907 MILLPOND RD.	VALDOSTA GA
S	BRITT, SYLVIA	4411 SPAIN FERRY RD.	VALDOSTA GA

200003471862-5
11/21/00-01024-003
***750.00 ***750.00

8. Name and Address of Current Registered Agent

WHITAKER, WAYNE
1821 DENMARD DRIVE
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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.

Signature of
Registered Agent

Wayne Whitaker
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-26-00

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.

KE

SIGNATURE:

Sylvia Britt
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00
Date

227-248-9872
Daytime Phone #

CR2E040 (8/00)