PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JUL 12 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015449

1. Corporation Name

Southern Energetics Inc.

Principal Place of Business / Mailing Address

300002940439--0
-07/23/98--01084--015
****900.00 ****900.00

REINSTATEMENT 98-91 (P)

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

2. New Principal Office Address, If Applicable
1301 S.W. 2nd. St.
Suite, Apt. #, etc.
Suite D
City & State
Pompano Beach
Zip
FL. 33069
Country
U.S.A.

3. New Mailing Office Address, If Applicable
Same
Suite, Apt. #, etc.
City & State
Zip 33069
Country

4. Date Incorporated or Qualified To Do Business in Florida
2/93

5. FEI Number
65-0389463
Applied For ☐
Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	David L. Selby	10735 N.W. 40 ST.	Coral Springs FL. 33065

8. Name and Address of Current Registered Agent

David Selby
1301 S.W. 2nd. ST.
Pompano Beach, FL. 33069

9. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State: FL
Zip Code

CR2E081 (12/98)

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: Dd Ly
REGISTERED AGENT MUST SIGN
Date: 7/9/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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., 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. 7/9/99

SIGNATURE: Dd Ly David Selby Pres 7/9/99 (954) 784-6627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #