

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 30 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/02/02--01015--015
***1808.75 ***1808.75

DOCUMENT #

1. Corporation Name *Insured Southeast Inc.*

693000072114

2. Principal Office Address

5991 Chester Ave

3. Mailing Office Address

1120 Lewis Rd

Suite, Apt. #, etc.

#104

Suite, Apt. #, etc.

City & State

Jacksonville FL 32217

City & State

Burns Tn. 37029

Zip

Country

USA

Zip

Country

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

4/29/1994

5. FEI Number

593209953

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

~~*Sid Goodwin*~~ *Warty Weis*

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

~~*1120 Lewis Rd*~~ *5991 Chester Ave #104*

Suite, Apt. #, Etc.

Jacksonville, FL 32217

City

~~*Burns TN*~~

State

FL

Zip Code

37029

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

Sidney R. Goodwin

REGISTERED AGENT MUST SIGN

Date

9/20/02

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
<i>Pres</i>	<i>Sid Goodwin</i>	<i>1120 Lewis Rd</i>	<i>Burns Tn 37029</i>
<i>V/P</i>	<i>Jeff Goodwin</i>	<i>1120 Lewis Rd</i>	<i>Burns Tn 37029</i>

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:

Sidney R. Goodwin *Sidney R. Goodwin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/02 *45-799-2800*

Date

Daytime Phone #

CR2E081 (9/01)

js 9/20/02