

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC 26 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042548**

1 Corporation Name

SOUTHEAST SERVICE SYSTEMS, INC.

Principal Place of Business

Mailing Address

9248 LAZY LANE
TAMPA FL 33614
US

9248 LAZY LANE
TAMPA FL 33614
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

59-3261708

Applied For

Not Applicable

Zip

Country

Zip

Country

33634

U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☒ 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)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>P</i>	PARKER, BRIAN K	710 PARKWOOD FOREST DR 1001 Belle Chase Circle	6800002046388 Tampa, FL 33634
<i>T</i>	Polter, Robert S.	6530 109 th Terrace N.	Pineles Park, FL 33782
<i>V</i>	Felice, Michael A.	6102 Webb Road Apt. # 1111	Tampa, FL 33615

REINSTATEMENT 1996
Ullano

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, BRIAN K

~~6800002046388~~ 1001 Belle Chase Circle
~~6800002046388~~ Tampa, FL 33634

Name

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

800002046388--3

Suite, Apt. #, Etc.

01706797--01017--012

City

***383.75

***383.75

State

Zip Code

FL

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

Brian K Parker

REGISTERED AGENT MUST SIGN

Date

12/26/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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., 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/96 813-933-9696
Date Daytime Phone #