

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 APR 10 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9940000068386

1. Corporation Name South East Contractor, Inc.

2. Principal Office Address

12756 Thicket Ridge Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32258

Country

Duval

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

9-16-94

5. FEI Number

59-3273855

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

John C. Coleman

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

12756 Thicket Ridge Dr.

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32258

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

John C. Coleman

REGISTERED AGENT MUST SIGN

Date

4/5/00

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 |
|--------|--------------------------------------|---|------------------------|
| Pres. | John C. Coleman | 12756 Thicket Ridge Dr. | Jacksonville, FL 32258 |
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MJC

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:

John C. Coleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

904/262-0588

Daytime Phone #

CR2ED01 (9/99)