

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** P95000039380

1. Corporation Name

**Southeast Communications Company of Central  
Florida, Inc.**

Principal Place of Business

~~4183 Player Circle~~

~~Orlando, FL 32808-2217~~

Mailing Address

~~4183 Player Circle~~

~~Orlando, FL 32808-2217~~

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

2. New Principal Office Address, If Applicable

**1100 Fieldwood Blvd.**

Suite, Apt. #, etc.

City & State

**Lake Mary, FL**

Zip  
**32746**

Country

**Seminole**

3. New Mailing Office Address, If Applicable

**1100 Fieldwood Blvd.**

Suite, Apt. #, etc.

City & State

**Lake Mary, FL**

Zip  
**32746**

Country

**Seminole**

4. Date Incorporated or Qualified  
To Do Business in Florida

**May 17, 1995**

5. FEI Number

**59-3317715**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

**REINSTATEMENT 96-00**

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/D	Jacqueline M. Myers	1100 Fieldwood Blvd.	Lake Mary, FL 32746

**7000003265557-6**  
**05/24/00-01061-016**  
**\*\*\*1358.75 \*\*\*1358.75**

*[Handwritten Signature]*

8. Name and Address of Current Registered Agent

**Sidney L. Feuvrel, Jr., ESQ.**

**1520 E. Livingston St.**

**Orlando, FL 32803**

9. Name and Address of New Registered Agent

Name

**Donald G. Matts**

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

**4183 Player Circle**

Suite, Apt. #, Etc.

City

**Orlando,**

State

**FL**

Zip Code

**32808-2217**

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

*[Handwritten Signature: Donald G. Matts]*

REGISTERED AGENT MUST SIGN

Date **5/2/00**

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., 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:**

*[Handwritten Signature: Jacqueline M. Myers]*

**Jacqueline M. Myers**

**5/2/2000**

Date

**407/333-2395**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2EQ31 (12/98)