

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 27 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 895000039380

1. Corporation Name

SOUTHEAST COMMUNICAITONS COMPANY OF CENTRAL FLORIDA, INC.

2. Principal Office Address - No P.O. Box #

1100 Fieldwood Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1100 Fieldwood Blvd.

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Lake Mary, FL

Zip

32746

Country

USA

Zip

32746

Country

USA

7. Name and Address of Current Registered Agent

Name

Jacqueline M. Myers

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

1100 Fieldwood Blvd.

Suite, Apt. #, Etc.

City

Lake Mary, FL

State

FL

Zip Code

32746

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**

Jacqueline M. Myers

REGISTERED AGENT MUST SIGN

Date 9-17-07

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
PTD	Jacqueline M. Myers	1100 Fieldwood Blvd.	Lake Mary, Florida 32746

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 contained in Chapter 119, 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:

Jacqueline M. Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-17-07

Daytime Phone #

407-311-2595

600110018436
09/27/07--01026--025 **908.75

REINSTATEMENT 06-07

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