

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

1. Corporation Name

SOUTHEAST PAYPHONES, INC.
P95000058709

2. Principal Office Address

236 SHADOW BAY BLVD.

3. Mailing Office Address

236 Shadow Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip

32779

Country

USA

Zip

32779

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7/21/95

5. FEI Number

59-3333064

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

DENNIS SABIA

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

236 Shadow Bay Blvd.

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32779

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/27/00

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
<i>PRES</i>	<i>DENNIS SABIA</i>	<i>236 Shadow Bay Blvd.</i>	<i>LONGWOOD, FL 32779</i>
<i>V.P.</i>	<i>MARK TOMS</i>	<i>3070 BLUFFTON COVE</i>	<i>OVIDO, FL 32765</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:

[Signature] *DENNIS SABIA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/00 *(407) 774-5180*
Date Daytime Phone #

(2)

SOUTHEAST PAYPHONES, INC.
P.O. BOX 917532 LONGWOOD, FLORIDA 32791-7532 (407) 774-5180

November 27, 2000

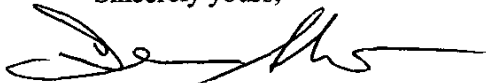
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32399

To the Division of Corporations:

Please reinstate our corporate status which apparently was mishandled by our former attorney. When the corporation was originally established we used an attorney who designated himself as the registered agent. The attorney no longer does any work for our company and obviously did not forward our annual renewal to us. This is the first time this has happened and I hope you will consider reinstating our corporate status for the \$150. renewal fee attached.

Thank you for your consideration given to this matter.

Sincerely yours,



Dennis G. Sabia
President

DGS:pcl