

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

96 OCT -2 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059744

1. Corporation Name

SOUTHEASTERN OPTICAL LABORATORY, INC.

Principal Place of Business

6160 N DAVIS HIGHWAY
PENSACOLA FL 32504

Mailing Address

6160 N DAVIS HIGHWAY
PENSACOLA FL 32504

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

8430 COVE AV.

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

5. FEI Number

59-3343032

Applied For

Not Applicable

Zip

Country

Zip

32543

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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 Title(s)	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
PD	CRAVEY, BRENT C	8430 COVE AVE	PENSACOLA FL 32534
VD	EVANS, KENNETH	6160 N DAVIS HIGHWAY	PENSACOLA FL 32504
STD	CRAVEY, JOANN	6160 N DAVIS HIGHWAY	PENSACOLA FL 32504

000001976700--3
-10/16/96--01047--009
****200.00 ****200.00

8/10/15

8. Name and Address of Current Registered Agent

CRAVEY, BRENT C
6160 N DAVIS HIGHWAY
PENSACOLA FL 32504

9. Name and Address of New Registered Agent

Name
CRAVEY, BRENT C
Street Address (P.O. Box Number is Not Acceptable)
8430 COVE AV.
Suite, Apt. #, Etc.

City
PENSACOLA

State
FL

Zip Code
32534

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9-27-96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-96

Date

904-477-5454

Daytime Phone #

CR20040 (7/96)

DEAR SIR:

PLEASE WAIVE OUR
REINSTATEMENT FEE, WE
HAVE NEVER RECIEVED
ANY NOTICES UNTIL NOW.

I HAVE CHANGED OUR
ADDRESS AND THIS SHOULD
SOLVE OUR PROBLEMS.

Thank you!

