

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 JAN 12 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000044849

1. Corporation Name

ALL-TECH SOUTHEAST, INC.

Principal Place of Business

1221-8 COMMERCIAL PARK DR.
TALLAHASSEE FL 32303

Mailing Address

P. O. BOX 38271
TALLAHASSEE FL 32315



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

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3459003

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
PRES. SEC. TREAS.	LARRY L. KILMER	1221-8 COMMERCIAL PARK DR.	TALLAHASSEE, FL 32303
VICE PRES.	KIRK D. KILMER	3679 DORIS DR.	TALLAHASSEE, FL 32303

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****908.75 ****908.75

REINSTATEMENT

1/12/99

8. Name and Address of Current Registered Agent

KILMER, BEVERLY
1221-8 COMMERCIAL PARK DR.
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

LARRY L. KILMER

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

1221-8 COMMERCIAL PARK DR.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1-11-99

11. This corporation owes or has paid 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:

[Signature]

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-99

Daytime Phone #

(850) 422-1666

CR2E040 (9/98)