

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 OCT 19 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000077523

1. Corporation Name

Southeast Attenuators, Inc.

Principal Place of Business

Mailing Address

114 Dove Circle
Royal Palm Beach, FL
33411

Same

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

98-990

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0790871

Applied For

Not Applicable

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
President	DAVID M. Ricci	114 Dove Circle Royal Palm Bch, FL 33411	Royal Palm Bch, FL 33411
Vice President	Debra Ricci	114 Dove Circle Royal Palm Bch, FL 33411	Royal Palm Bch, FL 33411
Treasurer	Joanne Cicciola	114 Dove Circle Royal Palm Bch, FL 33411	Royal Palm Bch, FL 33411

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8. Name and Address of Current Registered Agent

Ronald Friedman
120 E. Palmetto Park Road
Ste. 450
Boca Raton, FL 33432

9. Name and Address of New Registered Agent

Name: DAVID M. Ricci
Street Address (P.O. Box Number is Not Acceptable)
114 Dove Circle
Suite, Apt. #, Etc.

City: Royal Palm Beach State: FL Zip Code: 33411

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

David M. Ricci

REGISTERED AGENT MUST SIGN

Date 10/17/99

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.

KE

SIGNATURE:

DAVID M. Ricci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/99

Date

561-788-9899

Daytime Phone #

CR2001 (12/98)