

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 14 AM 11:45

DOCUMENT # P97000091308

1. Corporation Name

Booth Associates SE, Inc.

2. Principal Office Address

1208 Hays Street

Suite, Apt. #, etc.

3. Mailing Office Address

1208 Hays Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32301

Country

Zip

32301

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1997

5. FEI Number

59-3474363

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

Hurley H. Booth, Jr.

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

630 Chancey Lane

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

4/9/03

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
PD	Hurley H. Booth, Jr.	630 Chancey Lane	Tallahassee, FL 32308
SD	Frances Booth-Sheffield	147 Chancey Lane	Tallahassee, FL 32308

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

4/9/03

Daytime Phone #

222-7924

CR2E081 (10/02)