

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 13 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022636

1. Corporation Name

Southeast Advertising Inc.

2. Principal Office Address

2123 N.E. Coachman Rd. 16805 U.S. Hwy 19N

Suite, Apt. #, etc.

Suite A

City & State

Clearwater, FL

Zip

33765

Country

USA

3. Mailing Office Address

16805 U.S. Hwy 19N

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33764

Country

USA

REINSTATEMENT

99-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3499922

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

Thomas C. Little

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

2123 N.E. Coachman R.

Suite, Apt. #, Etc.

Suite A

City

Clearwater, FL

State
FL

Zip Code

33765

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

T Little

Date

9-12-02

REGISTERED AGENT MUST SIGN

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
Pres.	Anthony N. Amico	16805 U.S. Hwy 19N	Clearwater, FL 33764

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:

Anthony N. Amico

Date

9-12-02

Daytime Phone #

127-535-7558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X.284

CR2E081 (9/01)