

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000039978**

1. Corporation Name

SOUTHEASTERN CONTRACTOR'S EQUIPMENT CORPORATION

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7909 Professional Place

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33637

Country

U.S.A.

3. New Mailing Office Address, If Applicable

7909 Professional Place

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33637

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4/30/98

5. FEI Number

58-2387726

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	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
Pres.	Paul H. Hagglund	7909 Professional Place	Tampa, FL 33637
Sec.	Susan Hagglund	7909 Professional Place	Tampa, FL 33637
Tres.	Susan Hagglund	7909 Professional Place	Tampa, FL 33637

REINSTATEMENT

8. Name and Address of Current Registered Agent

**Paul H. Hagglund, esq.
300 31st Street North, Suite 227E
St. Petersburg, FL 33605**

9. Name and Address of New Registered Agent

Name
Paul H. Hagglund, Esq.
Street Address (P.O. Box Number is Not Acceptable)
7909 Professional Place
Suite, Apt. #, Etc.
City
Tampa State
FL Zip Code
33637

I, the undersigned, being 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 **Nov 1, 1999**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

I, the undersigned, being 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 and taxes due have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. LEWIS

NOV 8 1999

Nov 1, 1999

813 980-2100

Date

Signature