

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN -4 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000051144

1. Corporation Name

S. ENTERPRISES OF OKALOOSA COUNTY, INC.

Principal Place of Business

6187 BETHANY DRIVE
CRESTVIEW FL 32539

Mailing Address

6187 BETHANY DRIVE
CRESTVIEW FL 32539

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

2. New Principal Office Address, If Applicable

225 S. Beth Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 1757
Suite, Apt. #, etc.

City & State

Crestview FL.

City & State

Crestview FL.

Zip

32539

Country

Okaloosa

Zip

32536

Country

Okaloosa

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/1998

5. FEI Number

☒

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	James R. Shaffer Jr.	6187 Bethany Drive	Crestview, FL. 32539

800003099608--8
-01/14/00--01094--018
****758.75 ****758.75

8. Name and Address of Current Registered Agent

SHAFER, JAMES R JR.
6187 BETHANY DRIVE
CRESTVIEW FL 32539

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-31-99

11. 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)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-99

Date

Daytime Phone #

CR2E040 (8/99)