

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 26 PM 2:14

DOCUMENT # **P98000091787**

1. Corporation Name

**SOUTHEASTERN PUBLISHERS, INC.**

Principal Place of Business

Mailing Address

4 W. GADSDEN ST.  
PENSACOLA FL 32501

4 W. GADSDEN ST.  
PENSACOLA FL 32501



**REINSTATEMENT 00**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3552978

Applied For

☒ Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DOYLE, RODGER P	4 W. GADSDEN ST.	PENSACOLA FL 32501

8000003460088-4  
-11/13/00--01005--013  
\*\*\*\*750.00 \*\*\*\*750.00

*[Handwritten signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOYLE, RODGER P  
4 W. GADSDEN ST.  
PENSACOLA FL 32501

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

*[Handwritten signature: Rodger P. Doyle]*

Date *10/15/2000*

REGISTERED AGENT MUST SIGN

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)(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:

*[Handwritten signature: Rodger P. Doyle]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/15/2000*  
Date

*850 - 434-3425*  
Daytime Phone #

CR2E040 (8/00)