

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 JAN -2 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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~~

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

2. New Principal Office Address, If Applicable

125 Bayshore DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

125 Bayshore DR.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32507

32507

REINSTATEMENT

2001

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/1998

5. FEI Number

59-3552978

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
D	DOYLE, RODGER P	<del>4 W. GADSDEN ST.</del> 125 Bayshore DR	PENSACOLA FL <del>32501</del> 32507
			200004785362--5 -01/18/02--01075--022 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

DOYLE, RODGER P.

~~4 W. GADSDEN ST.~~ 125 Bayshore DR  
PENSACOLA FL ~~32501~~ Pensacola FL 32507

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Pensacola

FL

32507

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

Rodger P Doyle

REGISTERED AGENT MUST SIGN

Date

01/10/01

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:

Rodger P Doyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/01

CR2E040 (8/01)