PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000091787

1. Corporation Name

SOUTHEASTERN PUBLISHERS, INC.

Principal Place of Business

125 BAYSHORE DRIVE PENSACOLA FL 32507

Signature of Registered Age Mailing Address

125 BAYSHORE DRIVE

REGISTERED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

FILED

02 NOV 15 PH 6: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

) (1861/1881 | 16 18/44 1881/1 1881/1 881/1 681/1 681/1 18/01 18/01 18/01 18/01 18/01 18/01 18/01 18/01 18/01

3.00.00			PENSAGODA TE 32307			REINSTATEMENT OZ			
If above a	addresses are	e incorrect in any way, line t	hrough incorrect i	nformation and	enter correction below	• • • • • • • • • • • • • • • • • • •			
				illing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/26/1998			
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
City & State			City & State			5. FEI Number 59-3552978 Applied For		Applied For	
· ·					6.		Not Applicable		
Zip Country		Country	Zip		Country	- CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7. Names	and Street Ac	idresses of Each Officer an	d/or Director (Flo	rida nonprofit d	corporations must list at le	east 3 directors)			
Title(s)	Name of Officers			Street Address of Each Officer and/or Director			City / State / Zip		
D	DOYLE, RODGER P			125 BAYSHORE DRIVE			PENSACOLA FL 32507		
						50	00087550 1201034019 00087550 0201012001	**661.25	
Name and Address of Current Registered Agent						9. Name and A	Address of New Registered	Agent	
DOYLE, RODGER P					Name				
125 BAYSHORE DRIVE					Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32507					Suite, Apt, #, Etc	Suite, Apt. #, Etc.			
					City State Zip Code				
0. I, being	appointed the	e registered agent of the ab	ove named corpo	ration, am fami	iliar with and accept the o	bligations of Section	on 607.0505, F.S. or 617.050	05, F.S.	

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 reinst the ment 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