

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 28 AM 9:24

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000103007

1. Corporation Name

SOUTHEAST INSURANCE ASSOCIATES, INC.

Principal Place of Business

200 FORREST AVENUE
COCOA FL 32922

Mailing Address

200 FORREST AVENUE
COCOA FL 32922



000008804680
11/05/02--01047--025 **750.00

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

2. New Principal Office Address, If Applicable

1970 Michigan Ave
Suite, Apt. #, etc.
Bldg I Suite 8
Cocoa FL

3. New Mailing Office Address, If Applicable

PO Box 236157
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

12/10/1998

5. FEI Number

59-3557105

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
DP	HABEN, MICHELLE H	2906 TYRON CIRCLE	TALLAHASSEE FL 32308

8. Name and Address of Current Registered Agent

COLEMAN, CHRISTOPHER J ESQ.
2711 KILLARNEY WAY SUITE G
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name MICHELLE H. HABEN
Street Address (P.O. Box Number is Not Acceptable)
2906 TYRON CIRCLE
State, Apt. #, Etc.
City TALLAHASSEE State FL Zip Code 32309

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. or 617.0505, F.S.

Signature of Registered Agent

Michelle H. Haben
REGISTERED AGENT MUST SIGN

Date 10/28/02

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:

Michelle H. Haben
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02
Date

Daytime Phone #