

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 26 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # -

1. Corporation Name

Southeastern Textiles Corporation

899 000068905

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*****8.75 *****8.75

2. Principal Office Address

320 Dundas Dr

Suite, Apt. #, etc.

suite # 6

City & State

Jacksonville FL

Zip

32218

Country

United States

3. Mailing Office Address

PO Box 26913

Suite, Apt. #, etc.

JAX FL 32226

City & State

Jacksonville FL 32226

Zip

32226

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-28-99

5. FEI Number

59-3593263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Anita L. Russell

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

320 Dundas Dr suite # 6

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Anita L. Russell

REGISTERED AGENT MUST SIGN

Date

7-24-02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT President	Anita L. Russell	320 Dundas Dr #6	Jacksonville FL 32218
VP	Larry K. Russell	320 Dundas Dr suite 6	Jacksonville FL 32218

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****450.00 ****450.00

10. 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:

Anita L. Russell

Anita L. Russell

Date

7-24-02 904 545-

Daytime Phone #

0557

7/31/02