

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000077972**

1. Corporation Name

Southcast Sales Associates, Inc.

2. Principal Office Address

18002 Richmond Place Dr.

Suite, Apt. #, etc.

Apt # 1517

City & State

Tampa, Florida

Zip

33647

Country

U.S.A.

3. Mailing Office Address

18002 Richmond Place Dr.

Suite, Apt. #, etc.

Apt # 1517

City & State

Tampa, Florida

Zip

33647

Country

U.S.A.

04 MAY -6 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100035552801

05/06/04--01012--012 **300.00

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1999

5. FEI Number

59-3602355

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

Robert J. Verille

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

18002 Richmond Place Drive

Suite, Apt. #, Etc.

Apt # 1517

City

Tampa

State

FL

Zip Code

33647

REINSTATEMENT

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

Date

REGISTERED AGENT MUST SIGN

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
PD	Robert J. Verille	18002 Richmond Place Dr, #1517	Tampa, FL 33647

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J. Verille **ROBERT J. VERILLE** **4/29/04** **(813) 558-8815**

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James R. Kist, CPA, P.A.

19651 Bruce B. Downs Blvd., Suite E6-2
Tampa, Florida 33647-3404
Office: (813) 991-6605
FAX: (813) 991-6607

April 27, 2004

Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement of Corporation
Southeast Sales Associate, Inc

To Whom It May Concern:

Since it is required to download the annual report, effective this year, 2004, we have taken the responsibility to file this form as an additional service to our clients.


Upon doing this for Southeast Sales Associates, Inc. we found out that their corporate status was inactive since 09-19-2003. Upon verifying with our client, we learned that they were not aware of this situation, and Mr. Verille does not recall to the best of his knowledge of receiving the annual reports.

Enclosed is a check for \$300 for years 2003 and 2004.

We ask you in advance that you abate the \$600 waiver fee.

If you have any questions, please do not hesitate to call me.

Sincerely,



James R. Kist, CPA
Enclosures (2)