PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 11 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S25484**

1 Corporation Name

SOUTHEAST DISTRIBUTION, INC.

Principal Place of Business	Mailing Address
6015 BENJAMIN RD STE 319 TAMPA FL 33634	6015 BENJAMIN RD STE 319 TAMPA FL 33634

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

REINSTATEMENT 9/4

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Southeast Distribution Inc →	
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 130198
City & State	City & State Tampa, Fl.
Zip / Country	Zip 33681-0198 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/17/1991

5. FEI Number: 59-3041781 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	FINCHER, ROBERT N.	6015 BENJAMIN RD STE 319	TAMPA FL
~~V~~	~~NIEDBALA, MICHAEL M.~~ terminated	~~6015 BENJAMIN RD STE 319~~	~~TAMPA FL~~
			200002028012---7 -12/12/96--01108--008 ****375.00 ****375.00
			12-11-96

8. Name and Address of Current Registered Agent

FINCHER, ROBERT N
6015 BENJAMIN RD
STE 319
TAMPA FL 33834

9. Name and Address of New Registered Agent

Name: Robert N. Fincher
Street Address (P.O. Box Number is Not Acceptable): 2709 Chambray Ln
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33611

CR2E040 (7/96)

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: Robert N. Fincher SIGNATURE REQUIRED Date: 9/19/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: Robert N. Fincher SIGNATURE REQUIRED 9/19/96 (813) 837-1082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0077467 AP