

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S34783**

96197

1. Corporation Name

SOUTH EAST FINANCIAL ASSOCIATES, INC.

FILED

97 MAY -5 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1040 BAYVIEW DRIVE
SUITE 420
FORT LAUDERDALE FL 33304
US

1040 BAYVIEW DRIVE
SUITE 420
FORT LAUDERDALE FL 33304
US



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

2. New Principal Office Address, If Applicable

2000 N Florida Mango Rd
Suite, Apt. #, etc.
#200

City & State
W Palm Beach FL

Zip 33409 Country USA

3. New Mailing Office Address, If Applicable

2000 N Florida Mango Rd
Suite, Apt. #, etc.
200

City & State
W Palm Bch FL

Zip 33409 Country US

4. Date Incorporated or Qualified To Do Business in Florida

02/25/1991

5. FEI Number

65-0257445

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	HEATON, LINN D.	1040 BAYVIEW DRIVE	FORT LAUDERDALE FL
V	HETON, GEORGE	1040 BAYVIEW DRIVE	FORT LAUDERDALE FL

600002171226--4
-05/08/97--01073--001
***2771.25 ***923.75

8. Name and Address of Current Registered Agent

KOSLOW, HOWARD B.
1040 BAYVIEW DRIVE
SUITE 420
FORT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name
Deborah A Dentry
Street Address (P.O. Box Number is Not Acceptable)
2000 N Florida Mango Rd #
Suite, Apt. #, Etc.
#200
City
W Palm Beach
State
FL
Zip Code
33409

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

Deborah A Dentry

REGISTERED AGENT MUST SIGN

Date

4/30/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linn D. Heaton

Date

Daytime Phone #

4/30/97 561.697.5252

ORF040 (7/96)