FILED PS 1061

15 APR 23 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M13000004663

1. Limited Liability Company's Name
SE MANAGEMENT SERVICES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1311 ATLANTIC STREET	1311 ATLANTIC STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE BEACH, FL	City & State: MELBOURNE BEACH, FL
Zip: 32951 Country: USA	Zip: 32951 Country: USA

4. State/Country of Formation: Colorado

5. Date Organized or Qualified To Do Business in Florida: 07/24/2013

6. FEI Number: ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

APR 23 2015

L. SELLERS

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Sierra Burris Vice President & Assistant Secretary Date: 4/14/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	CHARLES LANCE	1311 ATLANTIC STREET	MELBOURNE BEACH, FL 32951

REINSTATEMENT

11. E-mail Address: Charleslance222@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver of trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/ Manager: [signature] Date: 4/16/15 Daytime Phone #: 467-6414 3822

Typed or printed name of signing Authorized Representative/Manager:

FL110 - 01/23/2014 Wolters Kluwer CCH

PS 2of2

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
SE MANAGEMENT SERVICES, LLC

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