

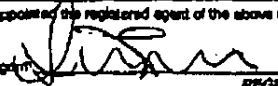
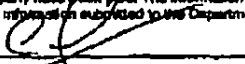
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CLERK OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M13000004663			
1. Limited Liability Company's Name SE MANAGEMENT SERVICES, LLC			
2. Principal Office Address - No P.O. Box # 1311 ATLANTIC STREET Suite, Apt. #, etc.		3. Mailing Office Address 1311 ATLANTIC STREET 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. Address of Registered Agent	
5. 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 Burns Vice President & Assistant Secretary REGISTERED AGENT MUST SIGN Date 4/14/2015			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	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 or 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. 817.185, F.S. Signature of Authorized Representative/Manager:  Date 4/16/15 Daytime Phone # 407-694-3822 Typed or printed name of signing Authorized Representative/Manager			

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

PS 2062

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LIMITED LIABILITY REINSTATEMENT
SE MANAGEMENT SERVICES, LLC

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