PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING, THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000154308								09 MAR 26 PM 2: 42		
Southern Equipment and Construction, Inc.										
				-	3. Mailing Office Address 501 East Beach Dr.			03/2 REIN	00147541416 6/0901020001 **908.75 ICTATERRENT ()リー()9だ	
Suite, Apt. #	, etc.			Suite, Apt. #, etc.			4. Date Incom	porated or Qualified Iness in Florida 12/18/03		
City & State Panama City, FL 32401					Panama City, FL 32401			5. FEI Numbe 36-45464	Applied For Not Applicable	
^{Zip} 32401		Country USA		Zip 32401	1 '		try	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
Name Address of Current Registered Agent Name Matthew E. Hobbs Street Address (P.O. Box Number is Not Acceptable) 501 East Beach Dr. Suite, Apt. #, Etc. City State Address (P.O. Box Number is Not Acceptable) 22/404							Zip Code 32401	☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Panama City, FL 32401 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 3 /23 /09 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			rs	Street Address of Eac Officer and/or Directo				City / State / Zip	
Preside	Matthew E. Hobbs				501 East Beach Dr.				Panama City, FL 32401	
Sec./tre	Bridgette Hobbs			·	501 East Beach Dr.				Panama City, FL 32401	
							**************************************	4.40-001		
								• • • • • • • • • • • • • • • • • • • •		
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 filling 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 contained in Chapter 119, 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 Date Daytime Phone #										