2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P12654 1. Entity Name SOUTHEASTERN FREIGHT LINES, INC.							FILED 2007 OCT 10 AM 9: 13				
Principal Place of Business 420 DAVEGO ROAD LEXINGTON, SC 29073 US				ailing Address I.O. BOX 1691 OLUMBIA, SC 29202		SECRETARY OF STATE TALLAHASSEE, FLORID,					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			10042007	REIN-P	CR2E	098 (1/07)	
City & State				City & State		4. FEI Numbe 57-030				oplied For ot Applicable	
Zip Country				Zip Coi		try	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current R				tered Agent		Name	7. Name and	Address of New F	Registered /	Agent	-
UNITED ST 1201 HAYE STE. 105	ORPORATION	Y			P.O. Box Numbe	er is Not Acceptable	9)				
TALLAHASSEE, FL 32301						City			FL	Zip Cod	e
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent aigneture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the											
After January 1, 2008, Fee will be \$300.								corporation did	not receive	e the prior r	notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	420 DAVE LEXINGT	OFFICE S, W.T., JR. EGA ROAD ON, SC 29073	RS AND DIREC	CTORS Delete			<u></u>	CHANGES TO OFF ID 1 1 DE 10701055	1085	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete CASSELS, W. TOBIN III 420 DAVEGA ROAD LEXINGTON, SC 29073									☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	LEXINGTON, SC 29073					į.				☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	420 DAVI	ON, J.R., JR. EGA ROAD ON, SC 29073		☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	420 DAVI	S, W. TOBIN, III EGA ROAD ON, SC 29073		☐ Delete	1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	420 DAVI LEXINGT	THOMAS EGA ROAD ON, SC 29073		☐ Delete	CITY	E EET ADDRESS - ST- ZIP				☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								01407 Date	80	3 939 :	<u>3372</u>

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