PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
01 AUG 31 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000005131

1. Corporation Name: Southeast Consultants & Associates, Inc.

2. Principal Office Address	**3.** Mailing Office Address
1435 East Piedmont Drive	
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.
City & State: Tallahassee, Florida	City & State
Zip: 32308 / Country: USA	Zip / Country

REINSTATEMENT 7-01

4. Date Incorporated or Qualified To Do Business in Florida: 11/17/1992 SP

5. FEI Number: 59-3150880 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert S. Cohen

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-09/06/01--01089--021
***1358.75 ***1358.75

Street Address (P.O. Box Number is Not Acceptable): 1435 East Piedmont Drive

Suite, Apt. #, Etc.: Suite 201

City: Tallahassee, | State: FL | Zip Code: 32308

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: Robert S. Cohen
REGISTERED AGENT MUST SIGN

Date: 8/30/01

CR2E081 (9/00)

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	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Kenneth A. Powell	1435 East Piedmont Drive	Tallahassee, Fla. 32308

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 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: Kenneth A. Powell Pres. Kenneth A. Powell 8-31-01 (850) 510-2621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #