
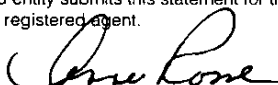


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 706507</b> 1. Entity Name SOUTH EAST ISLANDER APARTMENTS, INC.					
Principal Place of Business 1525 S.E. 15TH ST. FT. LAUDERDALE, FL 33316 US			Mailing Address 2319 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33311 US		
2. Principal Place of Business - No P.O. Box # <b>1525 SE 15th St. #8</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>FT. Lauderdale, FL</b>		City & State			
Zip <b>33316</b>	Country <b>Broward</b>	Zip	Country	4. FEI Number <b>59-1032059</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROSSE, ANN</b> <b>1525 SE 15TH ST # 22</b> <b>FT LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>10/28/08</b>	
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SORRENTINO, DANIEL W JR.</b> <b>1525 S.E. 15TH ST #3</b> <b>FORT LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>SCOTTEN, MEREDIATH</b> <b>1525 S.E. 15TH ST #23</b> <b>FORT LAUDERDALE, FL 33316</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <b>Annie Rosse</b> <b>1525 SE 15th St. #22</b> <b>Ft. Lauderdale FL 33316</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>YENTZ, RON</b> <b>1525 SE 15TH #25</b> <b>FT LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100137739231</b> <b>11/07/08--01026--015 **8.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>PICKEL, JOYCE</b> <b>1525 SE 15TH #22</b> <b>FORT LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST <b>KELLEY, SHERIE</b> <b>1525 SE 15TH ST #24</b> <b>FORT LAUDERDALE, FL 33316</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Linda Waldbauer</b> <b>1525 SE 15th St. #26</b> <b>Ft Lauderdale FL 33316</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/21/08 90029 016 61-25



10282008 REIN-NP CR2E099 (1/07)

Applied For  
Not Applicable

FL

10/28/08

DATE

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2082

**Southeast Islander Apartments, Inc.**  
**1525 SE 15<sup>th</sup> Street**  
**Ft. Lauderdale, FL 33316**

October 28, 2008

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**RE: SOUTH EAST ISLANDER APARTMENTS INC.**  
**Ref: 706507**

To Whom It May Concern:

I just received the "Notice of Dissolution or Revocation" of our Corporation. I was at quite a loss due to the fact that I had mailed in the form and a check on February 19, 2008 (copies enclosed).

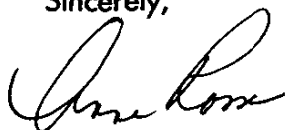
At that time we did have an accounting firm, located at 2319 N. Andrews Avenue, Ft. Lauderdale, but we terminated their services--also around that same time. If any notice was sent, I never received it.

Therefore, please reinstate this corporation. Along with the address change, I have made several changes since that time with reference to the officers on the board.

I have enclosed a check for \$8.75 for a Certificate of Status once this has been corrected. **Please** let me know if there is anything further that needs to be done to rectify this situation.

Thank you.

Sincerely,



Annie Rosse  
Secretary/Treasurer