

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 15 PM 2 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # F05000004367 1. Entity Name BROKER'S FINANCIAL SERVICES SOUTHEAST, INC.																													
Principal Place of Business 19500 MIDDLEBELT ROAD, SUITE 360 LIVONIA, MI 48152			Mailing Address 19500 MIDDLEBELT ROAD, SUITE 360 LIVONIA, MI 48152																										
2. Principal Place of Business 19500 MIDDLEBELT RD Suite, Apt. #, etc. SUITE 360 W. City & State LIVONIA MICHIGAN Zip 48152 Country USA		3. Mailing Address 14499 N. DALE MABRY Suite, Apt. #, etc. SUITE 215 SOUTH City & State TAMPA, FLORIDA Zip 33618 Country USA		4. FEI Number 20-1906713 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HORTON, GERALD W 14499 N. DALE MABRY, SUITE 215 SOUTH TAMPA, FL 33618																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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: <i>Gerald W. Horton</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																									
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">DPT</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HORTON, GERALD W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14499 N. DALE MABRY, SUITE 215 SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33618</td> <td></td> </tr> </table>			TITLE	DPT	<input type="checkbox"/> Delete	NAME	HORTON, GERALD W		STREET ADDRESS	14499 N. DALE MABRY, SUITE 215 SOUTH		CITY-ST-ZIP	TAMPA, FL 33618		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>800082650458</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12/19/06--01050--005 **158.75</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	800082650458		STREET ADDRESS	12/19/06--01050--005 **158.75		CITY-ST-ZIP		
TITLE	DPT	<input type="checkbox"/> Delete																											
NAME	HORTON, GERALD W																												
STREET ADDRESS	14499 N. DALE MABRY, SUITE 215 SOUTH																												
CITY-ST-ZIP	TAMPA, FL 33618																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	800082650458																												
STREET ADDRESS	12/19/06--01050--005 **158.75																												
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">S</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HORTON, SUSAN M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14499 N. DALE MABRY, SUITE 215 SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33618</td> <td></td> </tr> </table>			TITLE	S	<input type="checkbox"/> Delete	NAME	HORTON, SUSAN M		STREET ADDRESS	14499 N. DALE MABRY, SUITE 215 SOUTH		CITY-ST-ZIP	TAMPA, FL 33618		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete																											
NAME	HORTON, SUSAN M																												
STREET ADDRESS	14499 N. DALE MABRY, SUITE 215 SOUTH																												
CITY-ST-ZIP	TAMPA, FL 33618																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">AS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TOMPKINS, A. STUART</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>25800 NORTHWESTERN HWY., SUITE 1000</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SOUTHFIELD, MI 48075</td> <td></td> </tr> </table>			TITLE	AS	<input type="checkbox"/> Delete	NAME	TOMPKINS, A. STUART		STREET ADDRESS	25800 NORTHWESTERN HWY., SUITE 1000		CITY-ST-ZIP	SOUTHFIELD, MI 48075		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete																											
NAME	TOMPKINS, A. STUART																												
STREET ADDRESS	25800 NORTHWESTERN HWY., SUITE 1000																												
CITY-ST-ZIP	SOUTHFIELD, MI 48075																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
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 life empowered.																													
SIGNATURE: <i>Gerald W. Horton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				12/6/06 Date Daytime Phone #																									

2092

BROKER'S FINANCIAL SERVICES SOUTHEAST, INC.

December 13, 2006

Ms. Barbara Mitchell
Document Specialist
Florida Dept. of State
PO Box 6327
Tallahassee, Florida 32314

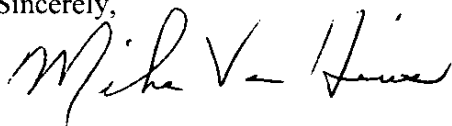
Re: Broker's Financial Services Southeast, inc.
Ref. Number: F05000004367
Letter Number: 806A00070314

Dear Ms. Mitchell:

Please be advised that a prior notice of Intent to Dissolve was not received in this office. In order to prevent this kind of occurrence from repeating itself, I have changed the mailing address from the principal place of business in Livonia, Michigan to the corporate offices here in Tampa, Florida.

Accordingly, I respectfully request the waiving of the additional fee of \$600 in this matter. Thank you for your kind consideration.

Sincerely,



Michael L. Van Huis, CPCU
National Marketing Director
e-mail: mvanhuis@usgins.com
phone: (813) 961-1300