2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000641

1. Entity Name
SOUTHEAST SERVICE CORPORATION OF TENNESSEE

REINSTATEMENT 04

Principal Place of Business	Mailing Address
406 WILLOW AVE. KNOXVILLE, TN 37915 US	PO BOX 52370 KNOXVILLE, TN 37950-2370 US

11022004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 62-1101779 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____ Jeanine Reynolds as its agent 11-4-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DECKER, BERNARD 2113 CROSS CRDDK DR MARYVILLE, TN 37803	☑ Delete	V ALAN LUTTRELL 802 MARTINGALE DR GREENEVILLE TN 37743	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD WILLIAMS, DON R 109 CRESTVIEW LANE OAK RIDGE, TN	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOV GIVEN, JAMES 5517 RIVER POINT COVE KNOXVILLE, TN	☐ Delete	200042833082 11/17/04--01054--019 **750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DONOVAN, JOHN A. 5508 TIMBERCREST TR. KNOXVILLE, TN	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEALL, SAMUEL E III 150 W TIMBERCREST TR KNOXVILLE, TN	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, SHERRI P 5555 COVE ISLAND RD KNOXVILLE, TN 37919	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alan Luttrell 11/10/2004
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING O... Date Daytime Phone #