PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	
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G23064

1. Corporation Name

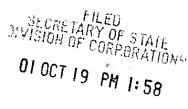
SOUTHEAST TECHNICAL SALES, INC.

Principal Place of Business

Mailing Address

13150 STATE RD 62

P O BOX 829



			PARRISH FL US	PARRISH FL 34219 US			T TOORAH BETO HOOF HAN BUILD BEINE BEINE BEENE BEENE BEGEN BEGIN DURIN BOOK BUILD BUILD BUILD BUILD BEINE A S 		
		incorrect in any w Address, If Applica	ay, line through incorrect in				STATEMEN		
and the second s				Mailing Office Address, If Applicable ot. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 02/08/1983 5. FEI Number Applied For			
Suite, Apt. #, etc. Suite, Apt. City & State City & State									
			City & State	State		59-2263587		Not Applicable	
Zip		Country	Zip	1	Country	6. CERTIFICATE		5 Additional Fee required r a Certificate of Status	
7. Names	and Street Ad	dresses of Each (Officer and/or Director (Flo	rida nonprofit c	corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
PV	BAILES, E	. A <u>.</u>		13150 STA	ATE RD 62	PARRISH FL			
ST BAILES, NETA FAYE			13150 STATE RD 62		PARRISH FL				
						20	0004661 -11/01/0101 ****750.00	7823	
							****750.00	****750.00	
						XXX	10/8		
					, , , , , , , , , , , , , , , , , , , ,	7			
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
BAILES, E. A.					Name	2 2 2		· <u>-</u> ·	
3605 WILDERNESS BLVD E					Street Address (F	P.O. Box Number	is Not Acceptable)		
PARRISH FL 34219					Suite, Apt. #, Etc.	,			
					City	11 11 11 11 11 11 11 11	State	Zip Code	
10. I, being	appointed the	e registered agent	of the above named corpo	ration, am fam	iliar with and accept the ol	oligations of Secti	on 607.0505, F.S.		

11. 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 filling 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.

AZURE REQUIRED

REGISTERED AGENT MUST SIGN

Signature of Registered Agent

Date

Daytime Phone #