

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K22147

1. Corporation Name

SOUTHEAST DIVERSIFIED, INC.

REINSTATEMENT 07-04

300028632463
02/12/04--01005--017 **900.00

2. Principal Office Address
5077 FLORENTINE CT.

3. Mailing Office Address
5077 FLORENTINE CT.

Suite, Apt. #, etc.

City & State
SPRING HILL, FL

City & State
SPRING HILL, FL

Zip Country
34608

Zip Country
34608

4. Date Incorporated or Qualified
To Do Business in Florida 04/28/88

5. FEI Number
59-2892877 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
ZARRILLO, SR., KENNETH R.

Street Address (P.O. Box Number is Not Acceptable)
5077 FLORENTINE COURT

Suite, Apt. #, Etc.

City State Zip Code
SPRING HILL FL 34608

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 *Kenneth Zarrillo* Date 02/09/04
REGISTERED AGENT MUST SIGN

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
D/P	ZARRILLO, SR., KENNETH R.	5077 FLORENTINE COURT	SPRING HILL, FL 34608
S/T	ZARRILLO, JOANNE	5077 FLORENTINE COURT	SPRING HILL, FL 34608

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 Zarrillo* KENNETH R. ZARRILLO, SR. 02/09/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #