2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# K57888

Entity Name: SOUTHEASTERN RISK CONSULTANTS, INC.

Current Principal Place of Business:

930 WEEDON DR. AVE
SAINT PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

930 WEEDON DRIVE NE
P.O. BOX 20132
ST. PETERSBURG, FL 33702 US

New Mailing Address:

930 WEEDON DR. AVE
SAINT PETERSBURG, FL 33702 US

FEI Number: 59-2935540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNN, VERONICA T.
930 WEEDON DR. NE
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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.

SIGNATURE: VERONICA T DUNN

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: DUNN, VERONICA T.
Address: 930 WEEDON DRIVE NE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D ( ) Delete
Name: DUNN, VERONICA T.
Address: 930 WEEDON DR NE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: V ( ) Delete
Name: DUNN, FLETCHER M
Address: 930 WEEDON DRIVE NE
City-St-Zip: ST PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA DUNN PRES 10/16/2009

Electronic Signature of Signing Officer or Director Date