PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 OCT 30 AM 9: 37

SECRETARY OF STATE TABLAHASSEE, FLORIDA

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	D1000015862
4 OHead Norma	2010

2. Principal Office Address 100 W. Venice Ave.

Southeast Properties of Venice, LLC

Suite, Apt. #, etc. SuiteG		Suite, Apt. #, e	Suite, Apt. #, etc.		4. Date incorporated or Qualified To Do Business in Florida		
City & State Venice,	FI	City & State	· ·	5. FEI Number 651137857		Applied For Not Applicable	
^{Up} 34285	Country Sarasota	Zlp	Country	6. CERTIFICATE OF STATUS	B DESIRED S8.75 Addition a Con	tional Fae required tilicate of Status	
s	Mr. Carll Bu Mr. Carll Bu itreet Address (P.O. Box Number 100 W. Venice	TT or is Not Acceptable)	me and Address of Current F		9086354 01134004	32 **1 0.00	
	wite, Apt. #, Etc. Suite & G ty Venice			State FL	Zip Code 34285	-	

3. I, being appointed the registered agent of the above ramed corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

3. Mailing Office Address

same

Date 10-23-02

 Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip Titles 2955 N. Beach Rd. Englewood, FL Carll S. Burr, III M. 283 Lime Circle Sarasota, FL 34237 М Paul Svilokos

D. 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 aliminated, 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 signsture shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

10-23-02 941-484-3100

Daytime Phone #

Wills, Trusts & Estate Planning

Estate Administration

Corporation & Business Law

Law Offices ANDREW J. BRITTON, P.A.

151 Center Road Venice, FL 34292 Telephone (941) 408-8008

Telecopier (941) 408-0722

October 24, 2002

Florida Department of State Division of Corporations P O Box 1500 Tallahassee, Florida 32302-1500

Re: Southeast Properties of Venice, LLC

Dear Sir or Madam:

I represent the above-referenced limited liability company, which was formed in September 2001.

The registered agent did not receive the 2002 Annual Business Report; the person who was listed on the annual report you prepared has moved and the report was not forwarded. Accordingly, we are requesting that the reinstatement fee be waived.

We are enclosing a completed Corporation Reinstatement form, along with a check for \$150.00 for the annual filing fee.

Thank you for your prompt assistance in this matter.

Very truly yours,

Andrew J. Britton

AJB\bk

cc: Carll Burr

a:corp.39\burr\reinstate.lt