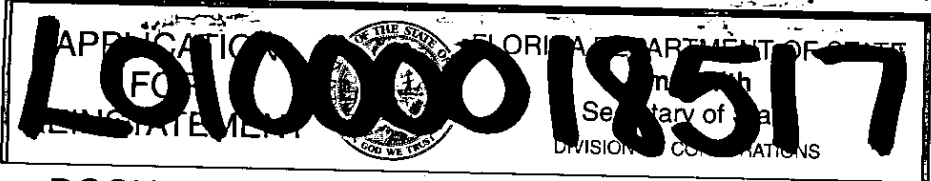


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 NOV -6 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018517  
Name and Mailing Address

0009603 01 FP 0.352 \*\*PRSR H3 0 0615 32541-283704  
SOUTHEASTERN INVESTMENTS, L.L.C.  
970 HWY 98 E  
UNIT 404  
DESTIN FL 32541-2837



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 970 HWY 98 E UNIT 404 DESTIN FL 32541		5. Date Organized or Qualified To Do Business in Florida 10/24/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 42-1545122 Applied For Not Applicable	
8. Name and Address of Current Registered Agent FRANKLIN H. WATSON, P.A. 5365 E CO HWY 30-A SUITE 105 SEAGROVE BEACH FL 32459		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name: MARK A. VIOLETTE, P.A. Street Address (P.O. Box Number is Not Acceptable): 1241 Airport Road, Suite D City: DESTIN FL Zip Code: 32541	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: <i>Mark A. Viollette</i> Date: 10/28/2002 REGISTERED AGENT MUST SIGN			

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DARNELL, ROBERT K	970 HWY 98 E UNIT 404	DESTIN FL 32541
			100008833391 11/06/02--01098--008 **155.00
REINSTATEMENT <i>OK</i>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: *Robert K. Darnell*  
Date: 10/28/02 Daytime Phone # \_\_\_\_\_  
Typed or printed name of signing Managing Member/Manager: ROBERT K. DARNELL

CR2E084 (8/02)