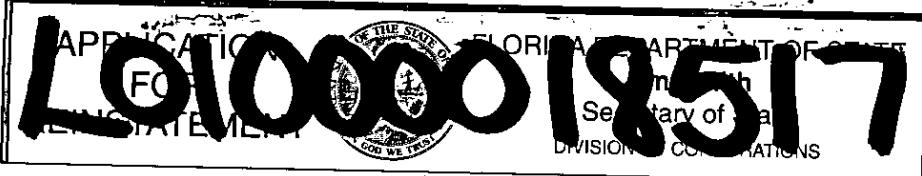


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

Principal Place of Business

970 HWY 98 E
UNIT 404
DESTIN FL 32541

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/24/2001

6. FEI Number

42-1545122

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

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

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

Mark Viollette

REGISTERED AGENT MUST SIGN

Date 10/28/2002

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

02
Dec

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)