

**2005 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L03000011379

1. Entity Name
SE ENTERPRISES LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 20 AM 11:09

Principal Place of Business
420 INDIAN CREEK DRIVE
COCOA BEACH, FL 32931 US

Mailing Address
420 INDIAN CREEK DRIVE
COCOA BEACH, FL 32931 US

2. Principal Place of Business
6349 Woods Street

3. Mailing Address
4417 13th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#521

City & State
St. Cloud FL

City & State
St. Cloud FL

Zip
34771

Country
US

Zip
34769

Country
US

05132005 REIN-LLC CR2E101 (6/04)

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, STACY R
420 INDIAN CREEK DRIVE
COCOA BEACH, FL 32931

Name
Stacy R Thomas

Street Address (P.O. Box Number is Not Acceptable)
6349 Woods Street

City
St. Cloud FL Zip Code
34771

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stacy R Thomas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/18/05

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, STACY R PRES		NAME	Thomas, Stacy R	
STREET ADDRESS	420 INDIAN CREEK DRIVE		STREET ADDRESS	6349 Woods Street	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	St. Cloud, FL 34771	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, EARNEST L JR		NAME	Thomas, Earnest L Jr	
STREET ADDRESS	420 INDIAN CREEK DRIVE		STREET ADDRESS	4417 13th Street # 521	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
600054922306 05/20/05--01061--001 **\$200.00					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Stacy R Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/18/05 245-2888
(62481)
Date Daytime Phone #