

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -2 AM 10:41

DOCUMENT # **L030000 55206**

1. Corporation Name

SOUTHEAST HIGH TECH INSULATION L.L.C.

400065833024
02/14/06--01037--004 **205.00

2. Principal Office Address

823 JOSEPHINE STREET

Suite, Apt. #, etc.

3. Mailing Office Address

823 JOSEPHINE STREET

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

Zip

34601

Country

USA

Zip

34601

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-15-03

5. FEI Number

050595750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Jerome Hammett

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

14366 Edgeknoll Street

Suite, Apt. #, Etc.

City

Brooksville

State
FL

Zip Code

34613

8. I, being appointed the registered agent of the above named 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

Date **12-29-05**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-----------|--------------------------------------|---|------------------------------|
| Chairman | Jerome Hammett | 14366 Edgeknoll street | Brooksville, FL 34613 |
| Secretary | Sam Diak | 304 Gerelock Rd | Solvay, NY 13209 |
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REINSTATEMENT 05-06

10. 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 filing this reinstatement application, the reason for dissolution has been eliminated, 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 signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-05

Date

315-374-7766

Daytime Phone #