PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY							FILED 2010 APR 27 PM 12: 18
DOCUMENT # LO 400000 7107 1. Limited Liability Company's Name South EAST Trading EEC.						80 04/12	SECRETARY OF STATE TALLAHASSEE FLORIGE DID 1 75430236 2/1001050001 **416.25
2. Principal Office Address - No P.O. Box # 3. Meiling O Suite, Apt. #, etc. # 507 City & State SARASOTA Zip Country Zip Country Zip				Countr	y	4. State/Cour 5. Date Organ To Do Bus 6. FEI Number 5223	Not Applicable S5.00 Additional Fee required
8. Name and Address of Current Registered Agent Name Milce Sea Born & Street Address (P.O. Box Number is Not Acceptable) 588 Block of the Ants Suite, Apt. #, Etc. City State Zip					Zip Code 3 2 3 6</td <td colspan="2">A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.</td>	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
9. 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 Date							
10. Names and Street Addresses of Managing Members/Managers							
Titles	Name of Managing Members/Manage	Street Address of Each Managing Member/Manage			n iger	City / State / Zip	
mgem	Mike Seanon	886 Blod of the ARTS			ART	SANDSOLA / F// 3-1286	
	REINSTATEMENT OF/10 AL						
11. E-mail Address: Mike SEABORNE @ GMAIL. COM							
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 filling 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 certify. Signature of							
Managing Member/Manager Date Daytime Phone #							
Typed or printed name of signing Managing Member/Manager							