


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 20 AM 10:44

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L04000080698

1. Limited Liability Company's Name

SOUTHEAST DEVELOPERS, LLC

2. Principal Office Address

1468 SHADWELL CIRCLE

Suite, Apt. #, etc.

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City & State

HEATHROW, FL

Zip

32746

Country

US

3. Mailing Office Address

NAME AS #2

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

11/5/2004

6. FEI Number

20-1888470

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

Name

AGENTS AND CORPORATIONS, INC.

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

STE E, 773 4th AVENUE NORTH

Suite, Apt. #, Etc.

City

TAPLES

State

FL

Zip Code

34102

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

[Signature]

Date 10/15/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MANAGER</u>	<u>CHRISTOPHER M. SWARTZ</u>	<u>1468 SHADWELL CIRCLE</u>	<u>HEATHROW, FL</u> <u>32746</u>

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REINSTATEMENT 05-06

11. 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

[Signature]

Date 10/15/06

Daytime Phone # 407-448-9502

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER M. SWARTZ