PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 24 PM 1:55

DOCUMENT # L04000092419

1. Limited Liability Company's Name
Southeastern Construction, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2502 N. Rocky Point Dr.	2502 N. Rocky Point Dr.
Suite, Apt. #, etc.: Suite 1050	Suite, Apt. #, etc.: Suite 1050
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33607 Country: Hillsborough	Zip: 33607 Country: Hillsborough

4. State/Country of Formation: Florida/US

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 202038995 ☐ 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: Stanford R. Solomon

Street Address (P.O. Box Number is Not Acceptable): 1881 West Kennedy Boulevard

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33606

☐ 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: Stanford R Solomon — Date: 12/22/09
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
MGRM	John M. Ryan	2502 N. Rocky Point Dr. Suite 1050	Tampa, Florida 33607
			600163943675 12/24/09--01035--006 **377.50
	REINSTATEMENT 2008, 2009		

11. E-mail Address: ssolomon@solomonlaw.com
(To be used for future annual report notifications)

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: _____ Date: 12/21/09 Daytime Phone #: 813-288-8078

Typed or printed name of signing Managing Member/Manager: JOHN M. RYAN

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