PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

17 AUG 10 AM 11:22

DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300302372233
08/10/17--01002--005 **1770.00

DOCUMENT # L05000038503

1. Limited Liability Company's Name
SOUTHEAST CONSULTING, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4414 TUSCANY WAY		4414 TUSCANY WAY	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
BOYNTON BEACH		BOYNTON BEACH	
Zip	Country	Zip	Country
33435		33435	

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 04/20/2005

6. FEI Number [ ] 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
REGISTERED AGENT SOLUTIONS, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite
155 Office Plaza Dr., Suite A

Apt #, Etc

City	State	Zip Code
Tallahassee	FL	32301

REINSTATEMENT 2006-2017

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 08/04/2017
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	THOMAS CIROCCO	4414 TUSCANY WAY	BOYNTON BEACH, FL 33435
MGRM	GREG OZZIMO	4414 TUSCANY WAY	BOYNTON BEACH, FL 33435

11. E-mail Address FILINGS@RASI.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 08/09/2017 Daytime Phone # 800-906-9220

Typed or printed name of signing authorized representative/member STEVEN WEISS