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: BOYNTON BEACH	City & State: BOYNTON BEACH
Zip: 33435 Country:	Zip: 33435 Country:

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: Tallahassee State: FL Zip Code: 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