



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000061071 1. Entity Name SOUTHEAST STEEL ASSEMBLERS LLC						FILED 07 OCT 18 PM 3:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1340 HWY 17 NORTH WAUCHULA, FL 33873				Mailing Address 1340 HWY 17 NORTH WAUCHULA, FL 33873			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent JUDY, ED 673 HART LAKE DR WINTER HAVEN, FL 33884				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM GINAS, JIM 5330 LAKE BLUFF TERRACE SANFORD, FL 32771 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; text-align: center;"> 000110938790 10/18/07--01004--004 **50.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM HAACKINSON, SAM 5961 13TH AVE N ST PETERSBURG, FL 33710 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM JUDY, ED 673 HART LAKE DR WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM BERCZY, LES 33501 CR44-B EUSTIS, FL 32736 <input type="checkbox"/> Delete			<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold;">REINSTATEMENT</div>			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM WATT, WARREN 5831 GOLDEN ROAD SEBRING, FL 33875 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM VAN DUSEN, PHILLIP 11311 LAKE KATHERINE CIRCLE CLERMONT, FL 34711 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 				ED Judy		10-10-07 863-324-2561	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #	