

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JAN -8 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000082397

1. Limited Liability Company's Name

South East Trust, LLC

000141494130  
01/20/09--01057--021 \*\*377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 4700 Hiatus Rd		3. Mailing Office Address 4700 Hiatus Rd	
Suite, Apt. #, etc. Suite 256		Suite, Apt. #, etc. Suite 256	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33351	Country	Zip 33351	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 08/19/2005	
6. FEI Number 203334394	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Paul A. Wexler	
Street Address (P.O. Box Number is Not Acceptable) 4700 Hiatus Rd	
Suite, Apt. #, Etc. Suite 256	
City Sunrise	State FL
Zip Code 33351	

☐ 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

Date 01/05/2009

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
MGR	Paul A. Wexler	4700 Hiatus Rd. Suite 256	Sunrise, FL 33351

REINSTATEMENT 08.09

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

Date 01/05/2009

Daytime Phone # 954-746-3804

Typed or printed name of signing Managing Member/Manager Paul A. Wexler