

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P-00000049285**

**1. Corporation Name**

Southeast Computers and Communications Inc.

**2. Principal Office Address**

5150 NE 3rd CT #1

**3. Mailing Office Address**

5150 NE 3rd CT

Suite, Apt. #, etc.

Suite #1

Suite, Apt. #, etc.

Suite #1

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33137

Country

USA

Zip

33137

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/15/00

**5. FEI Number**

651014080

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Ron B Kurtz Esq.

Street Address (P.O. Box Number is Not Acceptable)

2225 SW 19th AV

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date **8/25/03**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Robert Riviere	5150 NE 3rd CT Suite #1	Miami, FL 33137

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

Robert Riviere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/03

Date

305-478-7846

Daytime Phone #

CR2E081 (10/02)

# Southeast Computers & Communications Inc.

5150 NE 3<sup>rd</sup> CT Suit #1  
Miami, FL 33137  
Office-305479-7846 Fax 305-757-2706

Florida Dept of State  
Dept of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

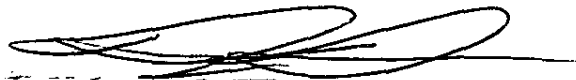
8/25/03

To Whom It May Concern:

It has come to my attention recently that my corporation is in inactive status due to not filing the annual reports. I never received the uniform business reports. I run this business myself, and am very busy, and it never occurred to me that I never received it, and I didn't remember about the filing. I am asking that the reinstatement fee be waived due to non-receipt of the previous uniform business reports.

I am enclosing a check in the amount of \$308.75 to cover the annual report fees, the corporate supplement fees, as well as a certificate of status. Please give me a call at 305-479-7846 with any questions.

Sincerely,



Robert Riviere  
Southeast Computers & Communications, Inc.