

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC 30 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-30
30

DOCUMENT #

1. Corporation Name

PO1000020809
SOUTHEAST REALTY INVESTMENTS SERVICES INC

2. Principal Office Address - No P.O. Box #

4050 Palm Beach Point Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

4050 Palm Beach Point Blvd
Suite, Apt. #, etc.

City & State

Wellington FL

Zip
33414

Country

USA

City & State

Wellington FL

Zip
33414

Country

USA

REINSTATEMENT

CR2E081 (11/10)

09-11

4. Date Incorporated or Qualified
To Do Business in Florida

6-8-06

5. FEI Number

651081797

☐ 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
Bradley Vida

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

4050 Palm Beach Point Blvd
Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

Bradley Vida

REGISTERED AGENT MUST SIGN

Date

12-27-11

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
Pres	Bradley Vida	4050 Palm Beach Point Blvd	Wellington FL 33414

10. E-mail Address:

BVIDA@COPPERLINEPARTNERS.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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:

Bradley Vida

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-27-11