

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JAN 12 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000035320

**1. Corporation Name**

Southeast Realty Holdings, Inc.

**2. Principal Office Address**

317 - 71st Street

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33141

Country

USA

**3. Mailing Office Address**

317 - 71st Street

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33141

Country

USA

**REINSTATEMENT**

03-04  
MRS

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

**5. FEI Number**

6511044898

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

Joel S. Piotrkowski

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

317 - 71st Street

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 01/11/2005

**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
D	Adrien Ellul	317 - 71st Street	Miami Beach, FL 33141

700044634 707  
01/12/05--01047--008 \*\*900.00

**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:**

*[Signature]*

Adrien Ellul

01/11/2005

305-865-4311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)