

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082581

1. Corporation Name

SOUTHEAST DAKOTA, INC.

Principal Place of Business

1860 VENICE PARK DRIVE APT 106
NORTH MIAMI FL 33181

Mailing Address

1860 VENICE PARK DRIVE APT 106
NORTH MIAMI FL 33181

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2001

5. FEI Number

65-1134364

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	PROMPSOM, JASON (SP)	1860 VENICE PARK DRIVE	NORTH MIAMI FL 33181
DS	MURRAY, DANIEL F.	1500 BAY ROAD (SP)	MIAMI FL 33141
DP	Propsom, JASON	1860 Venice Park Dr #106	North Miami, FL 33181
DS	MURRAY, DANIEL F.	1860 Venice Park Dr. #106	North Miami, FL 33181

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8. Name and Address of Current Registered Agent

PROPSOM, JASON J
1860 VENICE PARK DRIVE APT 106
NORTH MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/31/02

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/02

305-883-9080

Southeast Dakota, Inc.

Phone: (305) 883-9080
FAX: (305) 883-9080
email: southeastdakota01@yahoo.com

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Monday, November 4, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Customer Service,

I am filing to reinstate Southeast Dakota, Inc, for active status. I did not receive any two prior notices to file an annual uniform business report. As previously stated, Southeast Dakota, Inc., did not receive any notice to file the UBR. It is our intention to comply with any law / regulation that we are obligated to obey.

Respectfully Yours,


Jason John Propsom
President - Southeast Dakota, Inc.