PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	The state of the s
DOCUMENT # PO1000119778 1. Corporation Name	03 AUG -8 AM 9:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Southeast Homebuilders Coeps	TALLAHASSEET LOW
2. Principal Office Address Address Address	900022176459 08/08/0301064015 **300.00
315 SE MIZNEL 315 SE MIZNEL BLUD Suite, Apt. #, etc. 210	4. Date Incorporated or Qualified To Do Business in Florida 100 Q
City's State BOTA ROTON FL BOTA ROTON FL	5. FEI Number Applied For Not Applicable
33432 Country 33432 Country US	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Name Christian Johnston	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
	State Zip Code
CITYLAKEWORTH FLORIDA FL 33460	
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 Date 7/29/03	
Signature of	Date 7/29/03
Registered Agent	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Name of Street Address of Ea Titles Officers and/or Directors Officer and/or Direct	or #210
PMOTZIE Nemboard 315 SE MIZNER BIVD BORN Ration FL 33432	
D Kevin Wolfe 3155E MIZN	
D Lawrence CARONER 315 SEMIZNER	Mid #20 BORA Raton FL3343L
m Christian Johnston 315 SEMI WE	1 BIND#210 BUCA Robon F[37432
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	a resided for in chanter 607 or 617. F.S. I further certify that when filling
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

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AS PER OUR Convensation with the State of FLORIDA ENclosed is A Check Payable to Dept. of State in the Amount of 300.00 We Dio Not Receive New. Documentation to Renew Corporation After Notification to the State ON 2 Seperate occessions on Change of Address. So your office Instructed US to Send \$30000 to ReInstate the Conponation Southeast Homebuilders