## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT			DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED  03 OCT 16 PM 3: 02  SECRETARY OF STATE		
DOCUMENT # POZOCO115635  1. Corporation Name  SOUTHEASTERN TECHNICAL SERVICES INC.				TALLAHASSEE, FLORIDA PEINSTATEMENT 03			
2. Principal Office Address  100 SECOND AVE So. 100 S			ECOUD AVE 55		200023854072 16/0301039011 **150.00		
CITY CENTER BLD ZOOS-26 City & State ST. PETBRS BURG, FL		Suite, Apt. #, etc.  CITY CENTIES BLD **2005-26  City & State  ST. PETERSBURG, FL  Zip Country  33701 US		To Do Busine  5. FEI Number  EIN # 56	ate Incorporated or Qualified 10/25/02  EI Number Applied For Not Applied For Not Applied For Status DESIRED Status		
	\	7. Name and	Address of Current Register	red Agent			
Street Address (P.O. Box Number is Not Acceptable)  100 SECOND ANE SO.,  Suite, Apt. #, Etc.  CITY CENTER BUILDING SUITE 2005-26  City ST. PETERS BURG  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  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		
D	STEPHEN V. GUARCELLO		222 HERMOSITA DEIVE		ST. PETEBEACH, FL 33706		
-			K10/17				
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 filling 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #							

City Center Building, Suite 200S-26 100 Second Avenue South St. Petersburg, Florida 33701 727.823.2178 turbine@tampabay.rr.com

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

October 14, 2003

## **Application for Reinstatement**

Dear Divisions of Corporations:

Attached to this letter please find my Application for Reinstatement and check in the sum of One Hundred Fifty Dollars (\$150.00).

Due to reasons unknown to me, I have not received my Uniform Business Report paperwork for 2003. Since I have recognized that the submission is now past due, I am sending the attached paperwork for your consideration.

Thank you for your consideration in this matter.

Yours Truly,

Stephen V. Guarcello