

1082
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 24 AM 8:00

DOCUMENT #P02000118698

1. Corporation Name

SOUTHEAST UTILITIES GROUP, INC.

2. Principal Office Address

12711 S.W. 188TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

Zip

33177

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

32-0040335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

MRB

7. Name and Address of Current Registered Agent

Name

Deric Rivera

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

12711 SW 188th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

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

Date

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
PD	RIVERA, DERIC	12711 SW 188TH STREET	MIAMI, FL. 33177
VD	RIVERA, WILLIAM	12711 SW 188TH STREET	MIAMI, FL. 33177

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 #

03-10-04

Per Deric Rivera
request. 3/24/04
MRB

CR2E081 (9/01)

FROM : 

FAX NO. :

Aug. 03 2002 04:49PM P2

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12711 SW 188 ST
MIAMI, FL 33177

Southeast Utilities Group, Inc.

March 24, 2004

To Whom It May Concern:

Dear Sir or Madam:

We did not receive our 2003 Annual Report in the mail. I am requesting that you please waive the late fee and reinstate Southeast Utilities. If you have any questions please feel free to contact me at (786) 255-3508.

Sincerely,


Deric Rivera
President

