2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

05 JUN 20 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

01/13/05 01052 002 $150.00

05172005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000064451

1. Entity Name
SOUTHEAST ERECTORS, INC.

Principal Place of Business	Mailing Address
291 CIRCLE DRIVE WINTER PARK, FL 32819	291 CIRCLE DRIVE WINTER PARK, FL 32819

2. Principal Place of Business	3. Mailing Address
291 Circle Dr	291 Circle Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland	City & State: Maitland
Zip: 32751 Country:	Zip: 32751 Country:

4. FEI Number: 90-0099202 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMBO, KEVIN M 6228 SANDCREST CIRCLE ORLANDO, FL 32819	Name: Melissa Wagner Street Address (P.O. Box Number is Not Acceptable): 291 Circle Dr. City: Maitland FL Zip Code: 32751

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES WAGNER, LESLIE B 3674 OKEECHOBEE CIRCLE CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800056350188 06/20/05--01061--005 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAMBO, KEVIN M 6228 SANDCREST CIRCLE ORLANDO, FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leslie Wagner [signature] 5/17/05 407 702.5897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #