2007 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Name		P03000064	451			FILED 07 0CT AM 8: 26			
Principal Place 3674 OKEECI CASSELBERR	HOBEE CIRCLE		Mailing Address 3674 OKEECHOBEE CIRCLE CASSELBERRY, FL 32707			ALLAHASSEE, FLORIDA OU-17-07 40234 020 \$150.00			
2. Principal Pi Suite, Apt.	lace of Business	- No P.O. Box #	3. Mailing Address 2520 N Ronald Reagam Bh Suite, Apt. #, etc.						
City & State			Juite 148			Applied For			
Zip	Country		Zip Coun			90-0099202 5. Certificate of Status		\$8.75 A	
6. Name and Address of Current R			Registered Agent			7. Name and Address of New Registered Agent			
	MELISSA ECHOBEE C ERRY, FL 32	•	Name Street Address (P.O. Box Number is Not Acceptable)			
					City			FL Zip Co	ode
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 Signaure, typed or printed numb of registered agent and fille if applicable. Note: Registered Apent signature required when relnatating) DATE.									
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00									
10.	BBEG	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ESLIE B HOBEE CIRCLE RY, FL 32707	☐ Delete					☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Deiete					☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		110/15	Delete	TITL NAN STR	E			☐ Chang	e 🔲 Addıtion
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l			☐ Chanç	c Addition
12. I nereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, Florida Statules. 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 Statules; 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: SIGNATURE: hestire basic									

Southeast Erectors, Inc.

... setting the standard in excellence

Date: October 5, 2007

To: Division of Corporations

P O Box 8800

Tallahassee, FL 32314

RE: 2007 For Profit Corporation Reinstatement Form – Document No. P03000064451

Attached find the above mentioned form. Please note the payment was received in your office on time. But I was told when I called today, that the form was send back, because it was not signed. The person responsible at the time for all correspondence for Southeast Erectors, Inc had died. All mail was forwarded to her niece and we have been unable to get any of the mail, and we did not receive the correspondence back. Please reinstate the company.

company.

If you have additional information please let us know.

Please send all future correspondence to:

Southeast Erectors, Inc Attn. Doris Douglas 2520 N Ronald Reagan Blvd, Suite 148 Longwood, FL 32750

Phone No. 407-448-0716 Fax No. 407-339-6555 E-mail: dorisdouglas_see@yahoo.com

Cell Phone Number for Les: 407-702-5897

Leslie Wagner, President Southeast Erectors, Inc