

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -2 AM 10: 05

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 400000 4511

1. Corporation Name

SOUTH EAST ENERGY RESOURCES INC.

REINSTATEMENT 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

13337 S.W 46 LANE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33175

Country

U.S.A.

3. Mailing Office Address

13337 S.W 46 LANE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33175

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/03

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAIME RUEJA

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

13337 S.W 46 LANE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 03-30-07

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
P.	<u>JAIME RUEJA</u>	<u>13337 S.W 46 LANE</u>	<u>MIAMI FL 33175</u>
S.	<u>JAIME RUEJA</u>	<u>13337 S.W 46 LANE</u>	<u>MIAMI FL 33175</u>
			<u>700096350987</u> <u>04/10/07--01039--005 **1200.00</u>
			<u>700096350987</u> <u>04/10/07--01039--005 **8.75</u>

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 contained in Chapter 119, 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:

JAIME RUEJA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-07

Date

Daytime Phone #

786-436-7050