

2006 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|-----------------------------------|--|--|--|--|--|
| DOCUMENT #P04000059357 1. Entity Name SOUTH EAST CONNECTION, INC. | | | | | | FILED 06 MAR -7 AM 11:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA 05-06 | |
| Principal Place of Business 365 N. MAYORAL ST. CLEWISTON, FL 33440 | | | | Mailing Address 365 N. MAYORAL ST. CLEWISTON, FL 33440 | | | |
| 2. Principal Place of Business 9500 NW 36 AVE | | 3. Mailing Address SAME | | 03032006 REIN-P CR2E098 (11/05) | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State Miami, FL | | City & State | | 4. FEI Number 11-371-7646 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33147 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PEREZ, MARTIN 365 N. MAYORAL ST. CLEWISTON, FL 33440 | | | | 7. Name and Address of New Registered Agent Name CARLOS Mata Street Address (P.O. Box Number is Not Acceptable) 9500 NW 36 AVE City Miami FL Zip Code 33147 | | | |
| 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 <u><i>Carlos Mata</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEREZ, MARTIN <input checked="" type="checkbox"/> Delete 365 N. MAYORAL ST. CLEWISTON, FL 33440 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Carlos Mata <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9500 NW 36 AVE Miami, FL 33147 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Carlos Mata</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | |

Date

Daytime Phone #