2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000081315

Entity Name: SOUTHEAST ATLANTIC SERVICES, INC.

FILED Oct 26, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

4818 OLD WINTER GARDEN RD. ORLANDO, FL 32811 US

Current Mailing Address: New Mailing Address:

2550 W COLONIAL DR 8800 BUENA VISTA PLACE SUITE 414 11202 ORLANDO, FL 32804 US WINDERMERE, FL 34786

FEI Number: 20-1118812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLAIRSAINT, JAMES
2550 WEST COLONIAL DRIVE STE. 414
0RLANDO, FL 32804 US
LOUIS, JACQUELIN
8800 BUENA VISTA PLACE
11202
0RLANDO, FL 34786 US

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.

SIGNATURE: JACQUELIN LOUIS 10/26/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PCFO** () Delete Title: (X) Change () Addition DISLA, BENITO LOUIS, JACQUELIN Name: Name: 5655 GRAND CANYON DR 8800 BUENA VISTA PLACE Address: Address: City-St-Zip: ORLANDO, FL 32810 US City-St-Zip: WINDERMERE, FL 34786 US

Title: () Delete Title: VP () Change (X) Addition

Name: Name: BENITO, DISLA

 Address:
 Address:
 5655 GRAND CANYON DR

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32810

Title: () Delete Title: SD () Change (X) Addition

 Name:
 Name:
 CLAIRSAINT, JAMES

 Address:
 Address:
 2550 WEST COLONIAL DR

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELIN LOUIS PD 10/26/2009