

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 FEB -2 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # POH000155736

1. Corporation Name
WATERFRONT PROPERTIES OF SOUTHEAST INC

2. Principal Office Address - No P.O. Box #
10562 RIVERSIDE RD.
Suite, Apt. #, etc.

3. Mailing Office Address
6488 JUSTIN CT.
Suite, Apt. #, etc.

City & State
PORT CHARLOTTE FL.
Zip
33981
Country
CHARLOTTE

City & State
PORT ORANGE FL.
Zip
32128
Country
FLORIDA

200166855372
02/02/10--01040--003 **150.00

REINSTATEMENT 09-10

200166855372
01/21/10--01043--019 **150.00
CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida
11-15-04

5. FEI Number
291906521
 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
DONALD E. BARBIC

Street Address (P.O. Box Number is Not Acceptable)
6488 JUSTIN CT.
Suite, Apt. #, Etc.

City
PORT ORANGE
State
FL
Zip Code
32128

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 [Signature] Date 1-19-10
REGISTERED AGENT MUST SIGN

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
PO	DONALD BARBIC	6488 JUSTIN CT.	PORT ORANGE FL 32128
VP	DARYL A. BARBIC	6488 JUSTIN CT.	PORT ORANGE FL. 32128

10. E-mail Address: DONBARBIC9@MAH.COM
(To be used for future annual report notification)

11. 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. I further certify, 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: [Signature] DONALD BARBIC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-19-10 Daytime Phone # 941-662-5543

13aw