2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 OCT -9 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000106709

1. Entity Name
SOUTHEAST EQUITY GROUP, INC.

Principal Place of Business	Mailing Address
8941 NE 4TH AVENUE ROAD MIAMI, FL 33138	8941 NE 4TH AVENUE ROAD MIAMI, FL 33138

REINSTATEMENT (11/05)

2. Principal Place of Business	3. Mailing Address
1000 W Mcnab Road	1000 W Mcnab Road
Suite, Apt. #, etc: Suite 319	Suite, Apt. #, etc: Suite 319
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33069 Country:	Zip: 33069 Country: BROWARD

4. FEI Number: 51-0550304 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name: LEE WHETSELL Street Address (P.O. Box Number is Not Acceptable): 9379 WEDGEWOOD DR. City: TAMARAC FL Zip Code: 33321

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: X [signature] [signature] 10/5/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the Corporation did not receive the prior notice.

10/09/06--01003--016 **150.00

000080587940
10/09/06--01003--016 **150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ACQUAVELLA, DAVID		NAME	
STREET ADDRESS	8941 NE 4TH AVENUE ROAD		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: X [signature] 10/05/06 305-830-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. Eckel OCT 10 2006