

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000085866

1. Entity Name  
SOUTHEASTERN TRANSPORT, INC.



FILED

2007 SEP 25 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
501 SW 2ND COURT SUITE 3  
POMPANO BEACH, FL 33060

Mailing Address  
501 SW 2ND COURT SUITE 3  
POMPANO BEACH, FL 33060

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 669144

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach Florida

Zip

Country

Zip

Country

33066

Broward

09232007

REIN-P

CR2E098 (1/07)

4. FEI Number

20-5109355

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

DANIELS, KENNETH  
501 SW 2ND COURT SUITE 3  
POMPANO BEACH, FL 33060

Name

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

City

FL

Zip Code

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

*[Signature]*

9-17-07

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, 2008, Fee will be \$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  
D  
DANIELS, KENNETH  
STREET ADDRESS  
501 SW 2ND COURT SUITE 3  
CITY-ST-ZIP  
POMPANO BEACH, FL 33060

☐ Delete

TITLE  
NAME  
Vice  
nicholas Daniels  
STREET ADDRESS  
501 SW 2nd Ct #3  
CITY-ST-ZIP  
Pompano Beach, FL 33060

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
Secretary  
Weirdy Daniels  
STREET ADDRESS  
501 SW 2nd Ct #3  
CITY-ST-ZIP  
Pompano Beach, FL 33060

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-07

Date

954

931-1041

Daytime Phone #