

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT -2 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400160136054  
08/31/09--01063--016 \*\*2858.75

**REINSTATEMENT** 95-09  
CR25881 (42/08)

**DOCUMENT # P94000057215**

1. Corporation Name

**SOUTHEASTERN CONSTRUCTION SERVICES, INC.**

2. Principal Office Address - No P.O. Box #

1860 N.E. 211 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

1860 N.E. 211 TERRACE

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

33179-1527

Country

USA

Zip

33179-1527

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/94

5. FEI Number

☒ 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

JUDITH L. PINCUS

Street Address (P.O. Box Number is Not Acceptable)  
1860 N.E. 211 TERRACE

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33179

☐ 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

*Judith L. Pincus*  
REGISTERED AGENT MUST SIGN

*JHP*

9/29/09  
Date AUG 27, 2009

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
P/S/T	JUDITH L. PINCUS	1860 N.E. 211 TERRACCE	NORTH MIAMI BEACH, FL 33179
VP	JASON PINCUS	18151 N.E. 31 COURT	AVENTURA, FL 33160

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: *Judith L. Pincus* JUDITH L. PINCUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/09  
Date AUG 27, 2009

954 791 2010

Date

Daytime Phone #