

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000056381

FILED
Oct 19, 2009
Secretary of State

Entity Name: SOUTHEASTERN HOME BUILDING SERVICES, INC.

Current Principal Place of Business:

3797 BLOXHAM CUTOFF
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

3797 BLOXHAM CUTOFF
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-2441672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, WILLIAM M
3797 BLOXHAM CUTOFF
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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: WILLIAM M BROWN

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:

Title: P () Delete
Name: BROWN, MORRIS
Address: 3797 BLOXHAM CUTOFF
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP () Delete
Name: TILL, JOHN D
Address: 3074 SHAMROCK NORTH
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP () Delete
Name: WILLIAMS, PAUL
Address: 3797 BLOXHAM CUTOFF ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BROWN, MORRIS
Address: 3797 BLOXHAM CUTOFF
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM M BROWN

Electronic Signature of Signing Officer or Director

PRES

10/19/2009

Date