2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000082768

Entity Name: SOUTHEAST ENTERPRISE, INC.

FILED Jun 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

414 N.W. 35TH STREET 587 LAKESIDE CIRCLE BOCA RATON, FL 33431 SUNRISE, FL 33326

Current Mailing Address: New Mailing Address:

414 N.W. 35TH STREET 587 LAKESIDE CIRCLE BOCA RATON, FL 33431 SUNRISE, FL 33326

FEI Number: 65-0789949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EDWARDS, GEORGE E STEVENS, TYRONE S
950 NORTH FEDERAL HIGHWAY #109 587 LAKESIDE CIRCLE
POMPANO BEACH, FL 33062 US SUNRISE, FL 33326 US

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: TYRONE S STEVENS 06/13/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition Name: HIGGINS, JOYCE Name: STEVENS, TYRONE S

Address: 414 N.W. 35TH STREET Address: 4001 PRESIDENTIAL HIGHWAY #700

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: ATLANTA, GA 33326

Title: VP (X) Delete Title: () Change () Addition
Name: DELAROSIERE BRIAN Name:

 Name:
 DELAROSIERE, BRIAN
 Name:

 Address:
 318 BERKELEY STRET
 Address:

 City-St-Zip:
 BOCA RATON, FL 33487
 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: TYRONE S STEVENS P 06/13/2007