PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 19 AM 11:22

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REINSTATEMENT 01

1. Corporation Name
Southeast Capital Advisors, Inc.

2. Principal Office Address	3. Mailing Office Address
1400 Marsh Landing Pkwy	1786 Providence Hollow
Suite, Apt. #, etc.: 112	Suite, Apt. #, etc.:
City & State: Jacksonville FL	City & State: Jacksonville, FL
Zip: 32250 Country: USA	Zip: 32223 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 13 Feb 1998

5. FEI Number: 59-3497684 ☐ 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: Scott Vining
Street Address (P.O. Box Number is Not Acceptable): 1400 Marsh Landing Pkwy
Suite, Apt. #, Etc.: 112
City: Jacksonville State: FL Zip Code: 32250

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: Scott Vining — REGISTERED AGENT MUST SIGN Date: 17 Dec 01

CR2E061 (9/00)

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
DPST	Scott Vining	1400 Marsh Landing Pkwy #112	Jacksonville, FL 32250
		12/28	

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 under section 119.07(3)(i), 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: Scott Vining — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 17 Dec 01
Daytime Phone #: 904 333 0254