


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 NOV 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003748		
1. Entity Name SOUTHEASTERN TESTING, INC.		

Principal Place of Business 12320 LOBELIA TERRACE BRADENTON, FL 34202 US	Mailing Address 12320 LOBELIA TERRACE BRADENTON, FL 34202 US
--	--

2. Principal Place of Business - No P.O. Box # 33611 Morning Glory Circle	3. Mailing Address 33611 Morning Glory Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bradenton, FL	City & State Bradenton, FL
Zip 34202	Zip 34202
Country USA	Country USA



1115207
REINSTATEMENT
4. FEI Number
59-3570708
Applied For
Not Applicable

6. Name and Address of Current Registered Agent WOLFF, GARY 12320 LOBELIA TERRACE BRADENTON, FL 34202	
--	--

7. Name and Address of New Registered Agent Name: Wolff, Gary Street Address (P.O. Box Number is Not Acceptable) 33611 Morning Glory Circle City: Bradenton FL Zip Code: 34202	
--	--

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: Gary A. Wolff - Gary A. WOLFF DATE: 11/14/07

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFF, GARY A		NAME	700112376447	
STREET ADDRESS	12320 LOBELIA TERRACE		STREET ADDRESS	11/16/07--01027--001 **150.00	
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	22611 Morning Glory Cir	
STREET ADDRESS			STREET ADDRESS	Bradenton, FL 34202	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Gary A. Wolff - Gary A. WOLFF DATE: 11/14/07 DAYTIME PHONE #: 941-737-7642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR