PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 13 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000111625

REINSTATEMENT 02-04

1. Corporation Name

Southeastern Archaeological Services, Inc.

2. Principal Office Address	**3.** Mailing Office Address
215 Boating Club Road	215 Boating Club Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Saint Augustine, Florida	City & State: Saint Augustine, Florida
Zip: 32084 Country: St. Johns	Zip: 32084 Country: St. Johns

4. Date Incorporated or Qualified To Do Business in Florida 12/22/99

5. FEI Number 593619715 ☐ 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: Joseph L. Boles, Jr.

Street Address (P.O. Box Number is Not Acceptable): 19 Riberia Street

Suite, Apt. #, Etc.:

City: Saint Augustine | State: FL | Zip Code: 32084

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 _____ Date 4-2-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	John W. Morris III	215 Boating Club Road	St. Augustine, FL 32084
		400032618094 04/13/04--01061--017 **450.00	

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: John W Morris III 4/7/04 904 810 5052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Southeastern Archaeological Services, Inc.
215 Boating Club Road
Saint Augustine, FL 32084
904-810-5052 seas@aug.com

April 6, 2004

Department of State
Division of Corporations
P.O. Box 632
Tallahassee, FL 32314

Dear Sir or Madam,

I am writing today to request a waiver of the reinstatement fee as instructed by your office. My corporation changed physical location in 2001. When submitting my Corporate Annual Return form that year I made the change of address in the area for changes in Officers and Directors, however, I inadvertently did not change the principal office address of the corporation itself.

As a result I received no information in regards to the Corporate Annual Report for the years 2002 and 2003 and thus none were filed and my corporation was noted as inactive due to non-filing. This was not brought to my attention until my tax preparer this year inquired about my return for 2004. I researched the situation and found out what had occurred.

I apologize for any error on my part and wish to have my corporation reinstated through the State of Florida. I am enclosing a check for $450.00 - $150.00 for each year my corporation did not file a report including this year of 2004. Please contact me if there are any discrepancies or if additional information is required.

Sincerely,

John W. Morris III
President