

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 30 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S 23708**

1. Corporation Name

SOUTHEAST DIGITAL NETWORKS, INC

2. Principal Office Address - No P.O. Box #

2709 ALLEN ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

Zip

32312

Country

LEON

Zip

Country

500189117555
12/30/10--01005--010 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3048417

☐ 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

RODNEY WATTS

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

2709 ALLEN ROAD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

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

Rodney Watts

REGISTERED AGENT MUST SIGN

Date **12/30/10**

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
PRES	RODNEY WATTS	2709 ALLEN ROAD	TALLAHASSEE, FL 32312

10. E-mail Address: **RODNEY W@SDNFLORIDA.COM**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Rodney Watts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/10

Date

850-510-1495

Daytime Phone #

12/30/10