PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PARTMENT OF STATE herine Harris 🕏 of State ION OF CORPORATIONS DOCUMENT # 00 NOV 20 AM 10: 50 1. Corporation Name SECRETARY OF STATE TABLAHASSEE, FLORIDA S & E ENTERPRISES, INC. Mailing Address Principal Place of Business 8606 WEST FRANKLIN ROAD 220 CENTRAL PARK SOUTH PLANT CITY FL 33565-9735 SUITE 3-H NEW YORK NY 10019 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 03/04/1991 Suite, Apt. #, etc 40 66 5. FEI Number Applied For 65-0246392-City & State Not Applicable 6 \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 346 S 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Title(s) Officer and/or Director NEW YORK NY 10019 220 CENTRAL PARK SOUTH SUITE-3H. Bodine, Edmund J., Jr. 300003496723---9 -12/12/00--01034---023 \*\*\*\*150.00 \*\*\*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Same BODINE: EDMUND J. JR. --8606 WEST FRANKLIN ROAD Suite Ant # Fto PLANT-GITY, FL 33565 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob-Signature of Registered Agent 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 filling 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. Nov. 16, 2006 (917) SIGNATURE:

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## \$ & E Enterprises, Inc.

2962

4066 Jewfish Drive Spring Hill, Florida 34607

November 16, 2000

Division of Corporations
Annual\_Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern,

I called your office yesterday and discussed with them the problem I had with respect to non-filing of the annual corporate report and fees. They advised me to send this letter and explanation of the facts, along with the check for \$150.00 for the 2000 corporate report filing.

In January 2000, I sent a change of address to your office (copy enclosed) for my three Florida corporations. I never received the reporting documents for 2000. Within this past week from New York, I was forwarded the dissolution notice.

I have always paid my bills for this corporation and am respectfully requesting that the penalty fees be waived and the corporation be restored.

Thank you for your kind consideration of my request.

Sincerely,

Edmund J. Bodine, Jr.

President