

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 30 PM 1:46

DOCUMENT # **P07000039993**

1. Corporation Name

Southeastern Customer Specialty Inc

500162351325
10/30/09--01043--007 **308.75

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

3. Mailing Office Address

3405 Pine Walk Dr. North 3405 Pine Walk Dr. N

CR2E081 (12/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

205

City & State

City & State

Margate Florida

Margate Florida

Zip

Country

Zip

Country

33063 U.S.A

U.S.A

33063

U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

3/29/2007

5. FEI Number

208747093

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

TANYA BRYAN

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

3405 Pine Walk Drive North

Suite, Apt. #, Etc.

205

City

Margate

State

FL

Zip Code

33063

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/26/09

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	TANYA BRYAN	3405 Pine Walk Dr North	Margate FL 33063

B- 11/02/09

REINSTATEMENT

OR OS

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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/09

Date

954-864-2413

Daytime Phone #