

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


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06 FEB 21 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300066275063

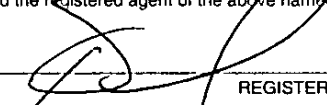
REINSTATEMENT 04-06

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 852685	
1. Corporation Name HEEDS SOUTHEAST, INC.	
2. Principal Office Address 11608 Downs Rd Suite, Apt. #, etc. City & State Pineville, NC Zip 28134 Country USA	
3. Mailing Office Address 11608 Downs Rd. Suite, Apt. #, etc. City & State Pineville, NC Zip 28134 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 4/23/82	
5. FEI Number 56-0773545	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City TALLAHASSEE	State FL	Zip Code 32301-2607

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 	Brian Courtney Asst. V. Pres.	Date 2/21/06

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
DST	Michael E. Kenna	11608 Downs Rd	Pineville, NC 28134
P	Dennis E. Kenna	11608 Downs Rd	Pineville, NC 28134
V	W.R. Grier III	11608 Downs Rd	Pineville, NC 28134

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: W R Grier III SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	K. Eckel FEB 22 2006 2/17/2006 (70A) 588-3985 Date Daytime Phone #



CORPORATION SERVICE COMPANY

2/2

ACCOUNT NO. : 072100000032

REFERENCE : 879276 7175824

AUTHORIZATION :

COST LIMIT : \$

[Signature]
1050.00
SKD
2/21/06

ORDER DATE : February 21, 2006

ORDER TIME : 10:47 AM

ORDER NO. : 879276-005

CUSTOMER NO: 7175824

DOMESTIC FILINGS

NAME: HEEDE SOUTHEAST, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - Ext# 2959

EXAMINER'S INITIALS K. Ecker FEB 21 2006