
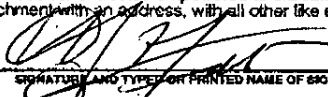


FROM : Bob&Betty(Faub)" B&B

PHONE NO. : 5617953797

Nov. 15 2004 02:09PM P2

**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P02000044550			
1. Entity Name SOUTHEASTERN BUSINESS VENTURES GROUP, INC.			
Principal Place of Business 1732 S CONGRESS AVE PALM SPRINGS, FL 33461-2140		Mailing Address 1732 S CONGRESS AVE PALM SPRINGS, FL 33461-2140	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SANON, WILSON 1732 SOUTH CONGRESS AVENUE LAKE WORTH, FL 33461-2140		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>(Signature, typed or printed name of registering agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> DATE _____			
FILE NOW!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SANON, WILSON 1732 S CONGRESS AVE PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000042925610 11/22/04--01036--024 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____			

November 15, 2004

Southeastern Business Ventures, Inc.
1732 South Congress Avenue
Palm Springs, FL 33461-2140

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

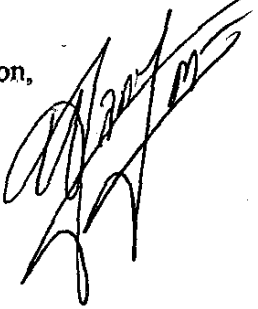
Dear Tax Examiner:

Please excuse the oversight in the filing of our Annual Business Report (UBR) for 2004. In the past, we have received a package reminding us when this is due. However, this year, we did not receive the package, and subsequently failed to file.

When we received the notice of dissolution, we called and discovered that the forms are not longer mailed to corporations. Therefore, we request a reinstatement of the corporation with the understanding that we will download and file from now on at the start of the year in 2005 and thereafter.

Enclosed is the reinstatement form and a check for \$150.00 for the annual report fee and corporate supplemental fee. Thank you for your understanding.

Wilson Sanon,
President



561 969 1047

God bless America