

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

03 NOV 14 AM 8:00

DOCUMENT # PD200004M550

1. Corporation Name

SOUTHEASTERN BUSINESS VENTURES GROUP, INC  
1732 S. CONGRESS AVENUE  
LAKE WORTH, FL 33461-2140

REINSTATEMENT 03

300024717273  
11/14/03--01078--013 \*\*150.00

2. Principal Office Address

1732 SOUTH CONGRESS AVE  
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE WORTH (PALM SPRINGS)

City & State

Zip Country

33461-2140 PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/2002

5. FEI Number

33-1003881

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

WILSON SANON

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

1732 SOUTH CONGRESS AVENUE

Suite, Apt. #, Etc.

City

LAKE WORTH (PALM SPRINGS)

State

FL

Zip Code

33461-2140

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

*Wilson Sanon*

REGISTERED AGENT MUST SIGN

Date 11/5/2003

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
DIR, PRES	WILSON SANON	1732 S. CONGRESS AVE.	PALM SPRINGS, FL 33461

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:

WILSON SANON

*Wilson Sanon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/2003

Date

561-961-1047

Daytime Phone #

CR2E081 (10/02)

292

November 5, 2003

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

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

**RE: EIN 33-1003881 (Reinstatement)**  
P02000044550

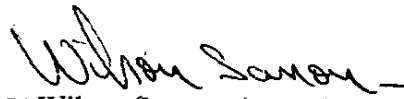
Dear Examiner:

Enclosed please find my application for corporation reinstatement. After a long telephone call today with a very helpful agent of your office, we discovered that, since we never received the UBR for to file for 2003, our corporation had been dissolved.

I am requesting the enclosed reinstatement as well as a waiver of the \$600.00 reinstatement fee. Enclosed is a check in the amount of \$150.00 for the annual report fee and corporate supplemental fee.

Thank you for your consideration in this matter of misunderstanding. Please contact me at 561-969-1047 if there any further questions.

Sincerely,

  
Wilson Sanon,  
President