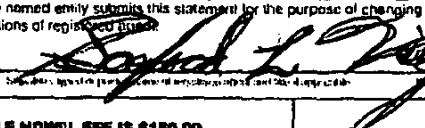


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2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000110324			
1. Entity Name SOUTHEASTERN MARKETING, INC.			
Principal Place of Business 500 GOLD STREAM BLVD SUITE 206 DELRAY BEACH, FL 33483		Mailing Address % LERRO & COMPANY 2600 N MILITARY TRAIL, STE 230 BOCA RATON, FL 33431	
2. Principal Place of Business 500 GULFSTREAM BLVD Suite, Apt. #, etc. 206		3. Mailing Address SANFORD L KING 2320 HOLLYWOOD BLVD Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL		City & State HOLLYWOOD FL	
Zip 33483		Zip 33020	
Country US		Country US	
4. FEI Number 20-1413715		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		10192005 REIN-P CR2E098 (5/04)	
6. Name and Address of Current Registered Agent VICTOR LERRO & COMPANY, P.A. 2600 N MILITARY TRAIL, STE 230 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name SANFORD L KING CPA Street Address (P.O. Box Number is Not Acceptable) 2320 HOLLYWOOD BLVD HOLLYWOOD, FL City HOLLYWOOD FL Zip Code 33020	
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  11/3/05		10/19/05	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	P.T ZEIDMAN, CORY 500 GOLD STREAM BLVD DELRAY BEACH, FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100061443061 11/15/05--01060--004 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP.S BORNSCHEIN, ROBERT 500 GOLD STREAM BLVD DELRAY BEACH, FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:  CORY ZEIDMAN		10/17/05 561272-9211	

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