2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 15 AM 8:30

DOCUMENT # P04000110324

1. Entity Name
SOUTHEASTERN MARKETING, INC.

Principal Place of Business	Mailing Address
500 GOLD STREAM BLVD SUITE 206 DELRAY BEACH, FL 33483	% LERRO & COMPANY 2600 N MILITARY TRAIL, STE 230 BOCA RATON, FL 33431

10192005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
500 GULFSTREAM BLVD	SANFORD L KING 2320 HOLLYWOOD BLVD
Suite, Apt. #, etc. 206	Suite, Apt. #, etc
City & State DELRAY BEACH, FL	City & State HOLLYWOOD FL
Zip 33483 Country US	Zip 33020 Country US

4. FEI Number 20-1413715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VICTOR LERRO & COMPANY, P.A. 2600 N MILITARY TRAIL, STE 230 BOCA RATON, FL 33431	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 [signature] 11/3/05 10/19/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

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
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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: [signature] CORY ZEIDMAN 10/17/05 561 272-9211
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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