

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 22 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA0000087172**

1. Corporation Name

SOUTHEAST BUSINESS PARTNERS, INC.

2. Principal Office Address

1041 W. Commercial Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33309

Country

Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/96

5. FEI Number

65-0706046

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

William R. Russell, Jr.

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

1041 W. Commercial Boulevard

Suite, Apt. #, Etc.

#101

City

Fort Lauderdale,

688003618356-8
-02/01/01--01010--009
***308.75 ***308.75

LS

State
FL

Zip Code
33309

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

William R. Russell, Jr.

REGISTERED AGENT MUST SIGN

Date 1/12/01

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
P/T/S D	William R. Russell, Jr.	1041 W. Commercial Blvd. #101	Fort Lauderdale, FL 33309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Russell, Jr. / IT'S PRESIDENT

Date

1/12/01

Daytime Phone #

2012

January 12, 2000

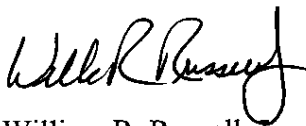
Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN

I was informed by counsel when they ran a printout from the Secretary of State on my Corporation, that my Corporation had been administratively dissolved due to the fact that the annual report for 2000 had not been filed. I am very thorough in my record keeping and if I would have received the form I would have responded immediately. Since I never received the report for the year 2000 it was impossible for me to file. As you can see from my records I have filed the previous reports for 1997, 1998 and 1999 in a timely manner. I have changed addresses since the 1999 report filing and therefore the form may have been sent to the old address and not forwarded onto my new one.

I ask that you take all factors into consideration and let me reinstate my corporation with the documentation attached.

Very truly yours,

A handwritten signature in black ink, appearing to read "William R. Russell, Jr.", with a stylized, cursive script.

William R. Russell, Jr.