PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP -8 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500022821635
09/08/03--01023--013 **150.00

DOCUMENT # V50935

1. Corporation Name
SOUTHEAST PARAGON, INC.

2. Principal Office Address	3. Mailing Office Address
717 ALTALOMA AVE	717 ALTALOMA AVE
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32803 Country USA	Zip 32803 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 7/15/92

5. FEI Number 59-3133458 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name ~~BRUCE EAKER~~ Eaker, James L OR LTV
Street Address (P.O. Box Number is Not Acceptable) 717 ALTALOMA AVE
Suite, Apt. #, Etc. SUITE B
City ORLANDO State FL Zip Code 32803

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 X James L Eaker
REGISTERED AGENT MUST SIGN
Date 9-3-03

CR2E053 (10/02)

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	EAKER, JAMES L	717 ALTALOMA AVE SUITE B	ORLANDO FL 32803
VP	EAKER, BRUCE	717 ALTALOMA AVE SUITE B	ORLANDO FL 32803

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: X James L Eaker James L Eaker 9-3-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JL 9/8

LAWRENCE T. VANCE
CERTIFIED PUBLIC ACCOUNTANT

September 3, 2003

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

Re: Annual Fee
Southeast Paragon, Inc. V50935
Freedom Network Management, Inc. P94000068393

Dear Sir:

Pursuant to your instructions and conversation on 9-5-03 with your department we are writing this letter of explanation as to why we are submitting our annual fees late.

We never received the reports due to a change of address. The company is no longer at 1428 E. Semoran Blvd Ste 106, Apopka, FL 32703. The new address is 717 Altaloma Ave. Suite B, Orlando, FL 32803. Please review the attached corporate reinstatement papers. Our secretary found a different job and never addressed the filing of the annual reports before her departure.

Please accept our $150 fee for each corporation as timely filed. We have always timely filed with all our corporations.

If you have any questions please call.

Sincerely,

Lawrence T. Vance

Bruce Baker - Officer of Corporations

MEMBER AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS - FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
2100 West State Road 434 - Suite #D - Longwood, Florida 32779 - Tel. (407) 774-4434 - Fax (407) 774-8428