

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # ✓ 50935

1. Corporation Name

SOUTHEAST PARAGON, INC.**FILED**
03 SEP -8 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA500022821635
09/08/03--01023--013 **150.00

2. Principal Office Address

717 ALTALOMA AVE

Suite, Apt. #, etc.

B

City & State

ORLANDO FL

Zip

32803

Country

USA

3. Mailing Office Address

717 ALTALOMA AVE

Suite, Apt. #, etc.

B

City & State

ORLANDO FL

Zip

32803

Country

USA4. Date Incorporated or Qualified
To Do Business in Florida7/15/92

5. FEI Number

59-3133458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

28.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~BRUCE EAKER~~ EAKER, James L On 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 807.0505 or 817.0503, F.S.

Signature of
Registered AgentX James L Eaker

REGISTERED AGENT MUST SIGN

Date 9-3-03

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
<u>P</u>	<u>EAKER, JAMES L</u>	<u>717 ALTALOMA AVE SUITE B</u>	<u>ORLANDO FL 32803</u>
<u>VP</u>	<u>EAKER, BRUCE</u>	<u>717 ALTALOMA AVE SUITE B</u>	<u>ORLANDO FL 32803</u>

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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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 Eaker9-3-03

Date

Daytime Phone #

H 9/18

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:

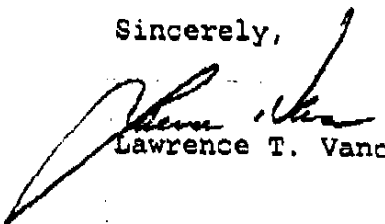
Pursuant to your instructions and conversation on 9-5-03 with your department we are writing this letter of explanation as to why we are submitting our annual fees late.

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