

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Sep 28, 2009
Secretary of State**

DOCUMENT# F94000003328

Entity Name: SEL REL, INC.

Current Principal Place of Business:

BOX 33085
ST PETERSBURG, FL 33733 US

New Principal Place of Business:

1645 PINELLAS BAYWAY SO
C7
ST PETERSBURG, FL 33715 US

Current Mailing Address:

BOX 33085
ST PETERSBURG, FL 33733 US

New Mailing Address:

FEI Number: 51-0350059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OLIVER, TERENCE
1025 4TH STREET NORTH
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

CHARLES, WORTH
1645 PINELLAS BAYWAY SO
C7
ST PETERSBURG, FL 33715 US

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.

SIGNATURE: CHARLES WORTH

09/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: WORTH, CHARLES
Address: 40 E MAIN ST STE 335
City-St-Zip: NEWARK, DE 19711

Title: D () Delete
Name: ATHEY, BRUCE
Address: 40 E MAIN ST STE 335
City-St-Zip: NEWARK, DE 119711

Title: D () Delete
Name: MICHAELS, STEPHANIE
Address: 40 E MAIN ST STE 335
City-St-Zip: NEWARK, DE 19711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ATHEY, BRUCE
Address: 40 E MAIN ST STE 335
City-St-Zip: NEWARK, DE 19711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES WORTH

PCD

09/28/2009

Electronic Signature of Signing Officer or Director

Date