

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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FILED

DOCUMENT # K14987

1. Corporation Name
SETICORP, INC.

97 MAR 24 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
**4020 NE 10TH WAY
POMPANO BCH FL 33064
US** **4020 NE-10TH WAY --
--POMPANO-BCH-FL 33064
--US**



*filed as AIR
for 96 + 97 mwb*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/08/1988	
City & State		City & State		5. FEI Number 65-0031669	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
		Seticorp, Inc.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		1101 N.E. 1st Street		\$8.75 Additional Fee required for a Certificate of Status	
		Fort Lauderdale, FL			
		33301-1601 US			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCT	POCOCK, STUART J. A.	1101 NE FIRST ST	FORT LAUDERDALE FL
D	ROSE, MICHAEL	808 SE 4TH ST, APT. 17	FORT LAUDERDALE FL
VD	POCOCK, NEIL A.	431 SAN MARCO DRIVE	FT LAUDERDALE FL
T	POCOCK, STUART J.A.	1101 N.E. FIRST STREET	FT. LAUDERDALE FL
S	POCOCK, SUSANA G	1101 NE 1ST STREET	FT LAUDERDALE FL
			400002123774--4 -03/25/97--01079--002 ****365.00 ****365.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KLISTON, TODD W. 7575 SW 8TH COURT PLANTATION FL 33317		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		8211 W. BLOWERS BLVD STE 375	
		Suite, Apt. #, Etc.	
		SUITE 375	
		City	State Zip Code
		PLANTATION	FL 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Todd Klison* Date **3/20/97**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for Information on Intangible tax.)

12. 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: *Stuart Pock* PRESIDENT (STUART Pock) 3-20-97 (954) 783-0469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (7/96)



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Thursday, March 20, 1997

Ms. Merie Bartlett
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Ms. Bartlett:

Per our conversation of today, herewith enclosed please find the completed Application for Reinstatement for our company, Seticorp, Inc. and cheque N^o. 2171, made payable to your Department in the amount of \$365.00.

As I explained to you over the telephone, due to filing errors I was not presented the Annual Report documentation when received by our office. Today, the information was found in our filing system and is being forwarded to your attention. Thank you for your understanding of this situation.

We are in the process of selling our company and will need to have the Corporation's paperwork with the State updated at your earliest convenience. Your cooperation on this matter is genuinely appreciated.

Again, I thank you for your kindness and consideration to our problem.

My very best regards,

Stuart J.A. Pocock
President

OCEAN TREATS
4020 N.E. 10th Way
Pompano Beach, FL 33064-5139
Tel: (954) 783-0469
Fax: (954) 783-0190