

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 17 PM 12:26

DOCUMENT # **K41388**

1. Corporation Name

SEGUTRONIC INTERNATIONAL INC.

Principal Place of Business

Mailing Address

8406 N.W. 66TH STREET
MIAMI FL 33166
US

8406 N.W. 66TH STREET
MIAMI FL 33166
US



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

2. New Principal Office Address, If Applicable

1910 N.W. 84th AVE

3. New Mailing Office Address, If Applicable

SAME

REINSTATEMENT 00

Date Incorporated or Qualified To Do Business in Florida

10/26/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0080223

Applied For

Not Applicable

City & State

MIAMI - FLORIDA

City & State

Zip

33126

Country

U.S.A

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PSD	GAMERO, CARLOS	8406 NW 66TH ST	MIAMI FL
		1910 N.W. 84th. AVE.	MIAMI, FLORIDA 33126
			900003441709--8 -10/27/00--01019--008 ****758.75 ****758.75
			<i>RW/23</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAMERO, CARLOS

8406 N.W. 66TH STREET
SUITE 406
MIAMI FL 33166

1910 N.W. 84th. AVE.
MIAMI - FLORIDA. 33126

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/13/2000**

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/2000

Date

305-463-8551

Daytime Phone #

CR2E040 (8/00)