2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000033039 1. Entity Name SELECTA FINANCIAL CORPORATION INC.			FILED 05 FEB 17 AM 11: 53				
Principal Place of Business 80-SW 8TH STREET SUITE 2614 MIAML FT 33-120	Mailing Address 80 SW 8TH STREET SUITE 2014 MIANU FL 33130	80-SW BTH STREET SUITE 2014 MIANN FL 33130		SHOKETAKY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 1001 BRICKEII BAY DR. 1001 BRICKEI		BAY DR.	E 1847/1991 JAN 1987 FIRM BERN BERN BERN BYN BYN BYN BYN BYN BYN BYN BYN BYN BY				
Suite, Apt. #, etc. 2 4 0 6	Suite, Apt. #, etc.	uite, Apt. #, etc. 2406		REIN-P	CR2E098 (6/04)		
City & State. MiAMI, Fl	City & State M. AM; F	City & State FL		48	 	oplied For of Applicable	
Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required		ditional		
	f Current Registered Agent	Name	7. Name and Ad	idress of New Regi			
REYES, SANTIAGO	80: 40 0 De		(P.O. Box Number is	s Not Acceptable)			
SO SWETH STREET 1001 BRICKEII BAY DE SUITE 2014 MIAMI, FL 33130 8. The above named entity shorts this statement for the purpose of changing its reg		discretions (1.0. Earlies in the recognists)					
		City	FL Zip Code				
the obtinations of rehistered adopt	atement for the purpose of changing its re	gistered office or registe	ered agent, or both, i		a. Tam familiar with, -16-05	and accept	
Signature typed or printed name of reg	estered agent and title if applicable. (NOTE: R	logistered Agent signature roqu	dred when reinstating)		DATE		
\ . FILE NOW!!! FEE IS \$30	00.00				n s. 607.193(2)(b), t receive the prior		
· · · · · · · · · · · · · · · · · · ·	CERS AND DIRECTORS	11.	ADDITIONS/CH	HANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE P NAME REYES, SANTIAGO STREET ADDRESS CITY-ST-ZIP MIAMI, PL 39130	Delete Ta 1001 BRICKEH BAY DE # 2406 MIAMI, FL. 33131	NAME STREET ADORESS CITY-ST-ZIP			_ orange		
TITLE S NAME OBREGON, ISABEL STREET ADDRESS 480 N MASHTA DR CITY-ST-ZIP KEY BISCAYNE, FL 33	LE S Delete OBREGON, ISABEL REET ADDRESS 480 N MASHTA DR		-		☐ Change	Addition	
TITLE NAME STREET ADDRESS - CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		60 02/28	00047 3 /0501007	□ Change 3 5076 6 016 **30	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			€ Change	Addition	
12. I hereby certify that the information su indicated on this report or surpfilemen of the corporation or the receiver or tr changed, or on an attachment with an	pplied with this filing does not qualify for it tal report is true and accurate and that my usite empowered to execute this report as address, with all other like empowered.	signature shall have the required by Chapter 6	e same legal effect a 07, Florida Statutes;	is if made under oat and that my name a	h; that I am an office ppears in Block 10 c	r or director or Block 11 if	
SIGNATURE:	SANTIAGO SANTIAGO	REYES	2-16	-05 7	96-42525 Daytima Phone #	11/1	