

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DOCUMENT # **98 99 AIC**  
**20000005558**  
 1. Corporation Name  
**Segui Financial Services Corporation**

Principal Place of Business Mailing Address  
**8454 N.W. 8th Street # 8**  
**Miami, Florida 33126**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
 2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc. **Same**  
 City & State  
 Zip Country  
 3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc. **Same**  
 City & State  
 Zip Country

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 |
|------------|-------------------------------------|---|----------------------|
| Pres.      | Wilfredo Segui                      | 8454 N.W. 8th Street #8   | Miami, Florida 33126 |
| Treas      |                                     |   |                      |
| Vice Pres. | Iris Segui                          | 8454 N.W. 8th Street #8   | Miami, Florida 33126 |
|            |                                     |   |                      |
|            |                                     |   |                      |

8. Name and Address of Current Registered Agent  
**Wilfredo Segui**  
**8454 N.W. 8th Street #8**  
**Miami, Florida 33126**

9. Name and Address of New Registered Agent  
 Name: **Wilfredo Segui**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8454 N.W. 8th Street**  
 Suite, Apt. #, Etc. **#8**  
 City **Miami**  
 State **FL** Zip Code **33126**

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 *Wilfredo Segui*  
 REGISTERED AGENT MUST SIGN

Date **4/11/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

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)(b), 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: *Wilfredo Segui*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99 APR 14 PM 12:14  
 200002848562--9  
 -04/23/99--01007--013  
 \*\*\*\*300.00 \*\*\*\*300.00

4. Date Incorporated or Qualified To Do Business in Florida **7/3/1997**  
 5. FEI Number **65-0769901** Applied For Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status



CRPF 001 1-2-99

# Seguí Financial Services Corporation

8151 North West 8<sup>th</sup> Street, #8  
Miami, Florida 33126-2706  
305-261-3416  
Segui@worldnet.att.net

April 11, 1999

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Seguí Financial Services Corp.  
#65-0769901

To Whom It May Concern:

This letter is to request for the reinstatement of the above referenced corporation and to request that the normal reinstatement fee of \$900.00 please be waived do to the fact that the 1998 Annual Report was never received.

Enclosed our application for reinstates a check for \$300.00 for the 1997 and 1998 Annual report of said corporation.

Sincerely,



Wilfredo Seguí  
President