

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

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DOCUMENT # P99000013445

1. Corporation Name
SENETINER S.A., INC.

Principal Place of Business Mailing Address

16445 COLLINS AVENUE 16445 COLLINS AVENUE
 UNIT 212B UNIT 212B
 SUNNY ISLES BEACH FL 33180 SUNNY ISLES BEACH FL 33180



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
	100 BAYVIEW DR	02/11/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number
	STE. 407	65-0894702
City & State	City & State	Applied For
	NORTH MIAMI BEACH	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD	SENETINER, ADRIANO	16445 COLLINS AVENUE	SUNNY ISLES BEACH FL 33180
VPD	SENETINER, DONATELLA	16445 COLLINS AVENUE	SUNNY ISLES BEACH FL 33180

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 ****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BORYSOWSKI, MAURICE 17140 COLLINS AVE STE-101 SUNNY ISLES BEACH FL 33160	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State 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 Date 10/22/2001 AD
 REGISTERED AGENT MUST SIGN

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: 11/27/01 305-999-5907
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/01)

- Please Do Not Remove -

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SENETINER S.A. INC.
16445 Collins Ave. Apt. 2128
Sunny Isles Beach FL 33160

October 22nd, 2001.

**To: Florida Dept. of State
Division of Corporations**

Dear Gentle Person:

We receive today in the mail a notice of administrative dissolution.

We did not receive a previous notice to this one.

Please accept the original due amount of \$150,00 and our apologies for the inconvenience.

Yours very truly,



Adriano Senetiner
President