

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **K14987**

1. Corporation Name  
**SETICORP, INC.**

Principal Place of Business

4020 NE 10TH WAY  
POMPANO BCH FL 33064  
US

Mailing Address

4020 NE 10TH WAY -  
POMPANO BCH FL 33064  
US

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**Seticorp, Inc.**

Suite, Apt. #, etc.

1101 N.E. 1st Street

City & State

**Fort Lauderdale, FL**

Zip

33301-1601

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/08/1988**

5. FEI Number

**65-0031669**

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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

**KLISTON, TODD W.**  
**7375 SW 8TH COURT-**  
**PLANTATION FL 33317**

9. Name and Address of New Registered Agent

Name

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

**8211 W. BLOWARD BLVD STE 375**

Suite, Apt. #, Etc.

**SUITE 375**

City

**PLANTATION**

State

**FL**

Zip Code

**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 W. Klison*

REGISTERED AGENT MUST SIGN

Date **3/20/97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stuart Pock* **PRESIDENT (STUART Pock)** 3-20-97 (954) 783.0469

Date

Daytime Phone #

CP2E040 (7/96)



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Thursday, March 20, 1997

Ms. Merle 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°. 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