

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 # 345939

1. Corporation Name

SE-GO INDUSTRIES, INC.

Principal Place of Business

5100 N.W. 72ND AVENUE
MIAMI FL 33166-5265

Mailing Address

5100 N.W. 72ND AVENUE
MIAMI FL 33166-5265

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

2. New Principal Office Address, if Applicable

5137 NW 93RD DORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33178

Country

USA

3. New Mailing Office Address, if Applicable

5137 NW 93RD DORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33178

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/09/1969

5. FEI Number

59-1261847

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)

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
PD	GOLEN, SELIG	5137 N.W. 93RD DORAL WAY	MIAMI FL 33178
SD	GOLEN, SHIRLEY	5137 N.W. 93RD DORAL WAY	MIAMI FL 33178
VD	GOLDEN, KEN	41350 SW 60 AVE	PINECREST FL
VD	GOLEN, SHARON GLICK	42910 SW 116 ST	MIAMI FL 33186

8. Name and Address of Current Registered Agent

GLICK, JOSEPH A PA
9703 S DIXIE HWY
SUITE 1550
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

SELIG GOLEN

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

5137 NW 93RD DORAL WAY

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-25-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(f), 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]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-25-98

Daytime Phone #