

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **345939**

1. Corporation Name

**SE-GO INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

5137 NW 93RD DORAL WAY  
MIAMI FL 33178

5137 NW 93RD DORAL WAY  
MIAMI FL 33178

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1969

**SP**

5. FEI Number

50-1261847

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	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

700003059007--2  
-12/02/99--01059--024  
\*\*\*758.75 \*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLEN, SELIG  
5137 NW 93RD DORAL WAY  
MIAMI FL 33178

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0608, F.S.

Signature of  
Registered Agent

*[Signature]*

**REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10-14-99**

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:

*[Signature]* (S E G O I N D U S T R I E S) PRES.

Date

Daytime Phone #

**10-14-99 (305-477-7544)**