PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 12 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 368622

1. Corporation Name

L. E. SEITZ ASSOCIATES, INC.

01-05

2. Principal Office Address	3. Mailing Office Address
Suite, Apt. #, etc.: 8450 NW 68 Street # 6	Suite, Apt. #, etc.: P O Box 347348
City & State: MIAMI, FL	City & State: CORAL GABLES, FL
Zip: 33166 Country: DADE	Zip: 33234-7348 Country: DADE

Prof. CR2E081 (6/05) SEP 14 2005

4. Date Incorporated or Qualified To Do Business in Florida: 8 | 19 | 70

5. FEI Number: 59-1300594 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ANGELA CIGNO

Street Address (P.O. Box Number is Not Acceptable): 8450 NW 68 STREET #6

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Angela Cigno — REGISTERED AGENT MUST SIGN — Date: 8/25/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	SEITZ, Larry E.	8450 NW 68 St. # 6	MIAMI, FL 33166
V/S/D	CIGNO, ANGELA	8450 NW 68 St. # 6	MIAMI, FL 33166

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10. 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: Angela Cigno ANGELA CIGNO 8/25/05 305-576-6676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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