APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # J14878

1. Corporation Name

SEFRAN, INC.

Mailing Address / Principal Place of Business

18999 Biscayne Blvd, Ste 105
Aventura, FL 33180

800002764008--7
-02/03/99--01083--018
****900.00 ****900.00
DO NOT WRITE IN THIS SPACE

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

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
see above	see above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: May 16, 1986

5. FEI Number: 58-1688963 ☐ 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
VPD	Franco, Robert	166 E. 63 ST.	New York, NY 10021
VPD	Beispel, Rachel	290 West End Ave	New York, NY 10023
VPD	Macken, Lillian	18999 Biscayne Blvd	N. Miami Beach, FL 33180
ST	Beispel, Steven	20 West 86 ST.	New York, N.Y. 10024
RA	Macken, Alan	18999 Biscayne Blvd	Aventura, FL 33180

8. Name and Address of Current Registered Agent

Alan Macken
18999 Biscayne Blvd, Ste 105
Aventura, FL 33180

REINSTATEMENT 98-99
SC 1-28-99

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box 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 607.0505, F.S.

Signature of Registered Agent _____ Date Jan. 25, 1999
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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