PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000447584720
07/22/25--01016--004 **288.75

000447584720
08/28/25--01010--001 **263.75

CR2E041 (1/14)

DOCUMENT # L07000119279

1. Limited Liability Company's Name
SENA ADMINISTRATION LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2800 GLADES CIRCLE	2800 GLADES CIRCLE
Suite, Apt. #, etc SUITE 163	Suite, Apt. #, etc SUITE 163
City & State WESTON, FLORIDA	City & State WESTON, FLORIDA
Zip / Country 33327 / US	Zip / Country 33327 / US

4. State/Country of Formation
FLORIDA, US

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
33-4109639
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

FILED
2025 JUL -8 PM 5:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. **Name and Address of Current Registered Agent**

Name
JAVIER J CARDENAS

Street Address (P.O. Box Number is Not Acceptable) Suite
1634 ORCHID BEND

Apt #, Etc

City	State	Zip Code
WESTON	FL	33327

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 6/13/2025
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	GREATER PACIFIC TRUST CO LTD	PO BOX 137-069	PARNELL AUCKLAND NZ

JUL 22 2025

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 24 March 2025 Daytime Phone # T: + 64 9 307 3950

Typed or printed name of signing authorized representative/member GREATER PACIFIC TRUST CO LTD