

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 23 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **L 12587**

1. Corporation Name

SEMPER ENTERPRISES, INC.

2. Principal Office Address

170 Ocean Lane Dr.

Suite, Apt. #, etc.

513

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

170 Ocean Lane Drive

Suite, Apt. #, etc.

513

City & State

Key Biscayne, FL

Zip

33149

Country

USA

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REINSTATEMENT 91-02

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/1989

5. FEI Number

65-0145141

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARLOS DULANTO

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

170 Ocean Lane Drive

Suite, Apt. #, Etc.

513

City

Key Biscayne

State
FL

Zip Code

33149

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date **3/15/02**

REGISTERED AGENT MUST SIGN

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/V/S/T D	JUAN CARLOS DULANTO	170 Ocean Lane Dr., # 513	Key Biscayne, FL 33149

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:

[Signature]

JUAN CARLOS DULANTO

3/15/02

305 365 0460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)