

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
1996 NOV -5 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19735

1. Corporation Name
SELS Imports, Inc.

Principal Place of Business Mailing Address
14502 N. Dale Mabry Hwy Suite 304
Tampa, FL 33618

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

2. New Principal Office Address, if Applicable
14502 N. Dale Mabry
Suite, Apt. #, etc. Suite 304
City & State Tampa FL
Zip 33618 Country USA

3. New Mailing Address, if Applicable
Suite, Apt. #, etc. Same
City & State
Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 10/1/89

5. FEI Number 65-0140272

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Scott Spector	18531 Bithorn Ave	Lutz, FL 33549
S	Scott Spector	18531 Bithorn Ave	Lutz, FL 33549

600002002756--4
-11/13/96--01096--009
***375.00 ***375.00

8. Name and Address of Current Registered Agent

Scott Spector
18531 Bithorn Ave
Lutz, FL 33549

9. Name and Address of New Registered Agent

Name Scott Spector
Street Address (P.O. Box Number is Not Acceptable) 18531 Bithorn Ave
Suite, Apt. #, Etc.
City Lutz State FL Zip Code 33549

10. By 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 [Signature] REGISTERED AGENT MUST SIGN

Date 11/4/96

11. 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.)

12. 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.

SIGNATURE: [Signature] Pres. Scott Spector, Pres 11/4/96 (813) 265-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone