PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 90-96

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

FILED
96 NOV 18 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M09096

1. Corporation Name

Selga Corp. International

Principal Place of Business	Mailing Address
7762 NW 72nd Avenue Miami, FL. 33166	PO BOX 521458 Miami, FL. 33152

REINSTATEMENT 90-96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
7762 NW 72nd Avenue	PO BOX 521458
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33166 Country: U.S.A.	Zip: 33152 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 1984

5. FEI Number: 59-2025023 ☐ Applied For ☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	Ansel B. Gardner	3 Osbourne Road	Kingston, 10, Jamaica
D/S	Ariel D. Gardner	3 Osbourne Road	Kingston 10, Jamaica

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JB 11-19-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Gordon & Associates 10621 N. Kendall Drive Miami, FL. 33186 Attn: Mr. Cyril Gordon	Name: Geoffrey M. Wayne, Esquire Street Address (P.O. Box Number is Not Acceptable): 1001 S. Bayshore Drive Suite, Apt. #, Etc.: Suite 2702 City: Miami State: FL Zip Code: 33131

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: Geoffrey M. Wayne
REGISTERED AGENT MUST SIGN

Date: 11/11/96

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 381-8108
Daytime Phone #

CR2E040 (1/95)