

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

02 APR -4 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000009082

**1. Corporation Name**

SENER INTERNATIONAL COMPANY

**2. Principal Office Address**

14226 NW 21 Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

**3. Mailing Office Address**

14226 NW 21 Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

REINSTATEMENT 1102

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01-27-02

**5. FEI Number**

65-0977064

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 **Raimundo Nery**

Street Address (P.O. Box Number is Not Acceptable)  
14226 NW 21 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33028

**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

REGISTERED AGENT MUST SIGN

Date 03-28-02

**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
DP	Raimundo Nery	14226 NW 21 Street	Pembroke Pines, FL 33028
DS	Luis F. Mejia	14226 NW 21 Street	Pembroke Pines, FL 33028
DT	Rafael Hoyos	14226 NW 21 Street	Pembroke Pines, FL 33028

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/02

Date

Daytime Phone #