

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**REINSTATEMENT**

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P00000070464**

01 OCT 17 PM 4:43

1. Corporation Name

**SENSEI CONSULTING, INC.**

Principal Place of Business

201 S. BISCAYNE BLVD., #2600  
MIAMI FL 33131-4336

Mailing Address

201 S. BISCAYNE BLVD., #2600  
MIAMI FL 33131-4336



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/25/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number.

65-1021731

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	City / State / Zip
1	2	3	4
Pres.	Diana Cardenas	299 W. Enid Dr.	Key Biscayne / FL / 33149

300004654573-4  
-10/26/01--01032--007  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARDENAS, DIANA  
201 S. BISCAYNE BLVD., #2600  
MIAMI FL 33131-4336

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

305-632-4030

Daytime Phone #

CR2E040 (8/01)

October 15, 2001

TO: Florida Department of State  
Division of Corporations

FROM: Sensei Consulting, Inc.  
Diana Cardenas, Pres.

RE: Payment of Dues

I am in receipt of your Notice of Administrative Dissolution or Revocation on the above referenced corporation. It was received just last Thursday, October 11, 2001. I never received a notice prior to that for payment of dues. This is a relatively new corporation, it was formed on or about July 2000. To my knowledge, this notice is the first correspondence relating to any payment of dues.

Please contact me if you have any questions at 305-365-0062 or 305-632-4030. I am quite upset over this, because had I received my notice for dues I would have paid them in a timely fashion to avoid any late fees.

Also, I would like to change the mailing address to:

Sensei Consulting, Inc.  
299 W. Enid Drive  
Key Biscayne, Fl. 33149

Thank you for your attention to this matter.

Sincerely,



Diana Cardenas, Pres.  
Sensei Consulting, Inc.