PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 AUG -1 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P00000 114 974

1. Corporation Name
SEMA SERVICES, INC

2. Principal Office Address
9807 W. Okeechobee Rd.
Suite, Apt. #, etc.
212
City & State
Hialeah
Zip 33016 Country U.S.A

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida 12-12-00

5. FEI Number 65-1070337
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
MAYYUN M ORDAZ
Street Address (P.O. Box Number is Not Acceptable)
9807 W. OKEECHOBEE RD
Suite, Apt. #, Etc.
212
City
HIALEAH
State FL
Zip Code 33016

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D/P	MAYYUN M. ORDAZ	9807 W. Okeechobee Rd	#212-Hialeah, FL. 33016

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: _____ 07/18/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #