

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000028122

Entity Name: SEFICO, INC.

FILED
Oct 08, 2009
Secretary of State

Current Principal Place of Business:

4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES, FL 33146

New Mailing Address:

P.O. BOX 403671
MIAMI BEACH, FL 33140

FEI Number: 65-1104547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONDERO, ANA C
4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

LONDERO, ANA C TREA
4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES, FL 33146 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANA C. LONDERO

10/08/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ZABALETA, EMILIO
Address: 4675 PONCE DE LEON BLVD., SUITE 305
City-St-Zip: CORAL GABLES, FL 33146

Title: TREA () Delete
Name: LONDERO, ANA C
Address: 4675 PONCE DE LEON BLVD., SUITE 305
City-St-Zip: CORAL GABLES, FL 33146

Title: SEC () Delete
Name: ZABALETA, CARMEN L
Address: 4675 PONCE DE LEON BLVD., SUITE 305
City-St-Zip: CORAL GABLES, FL 33146

Title: DIR () Delete
Name: ZABALETA, CHRISTOPHER J
Address: 4675 PONCE DE LEON BOVD., SUITE 305
City-St-Zip: CORAL GALBES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA C. LONDERO

TREA

10/08/2009

Electronic Signature of Signing Officer or Director

Date