PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 25 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/25/03--01061--025 **900.00

DOCUMENT # P01000034273

1. Corporation Name SENECCA Corporation
20301 West COUNTRY

2. Principal Office Address	3. Mailing Office Address
500 NE 3RD ST #120	SAME
Suite, Apt. #, etc. #120	Suite, Apt. #, etc.
City & State HALLANDALE, FL	City & State
Zip 33009 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1089709 ☐ 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: SENDRA DORCE

Street Address (P.O. Box Number is Not Acceptable): 500 NE 3RD Street #120

Suite, Apt. #, Etc.: Suite 120

City: HALLANDALE | State: FL | Zip Code: 33009

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 (10/02)

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
PRES	SENDRA DORCE	500 NE 3RD ST #120	HALLANDALE, FL 33008
		REINSTATEMENT 02-03 TS	

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: _____ 11/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #