

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051124

1. Corporation Name

SENECHAL, INCORPORATED

Principal Place of Business

908 OVERBROOK PLACE
WEST PALM BEACH FL 33413

Mailing Address

908 OVERBROOK PLACE
WEST PALM BEACH FL 33413

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/2001

5. FEI Number

65-1124233

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/M	SENECHAL, MORRIS	908 OVERBROOK PLACE	WEST PALM BEACH FL 33413
V P/ST	SENECHAL, TERESA	908 OVERBROOK PLACE	WEST PALM BEACH FL 33413

900008231179

11/06/02--01075--019 **150.00

8. Name and Address of Current Registered Agent

SENECHAL, MORRIS
908 OVERBROOK PLACE
WEST PALM BEACH FL 33413

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/02

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
Teresa Senechal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-616-0549

10/28/02

CR2040 (8/02)

October 28, 2002

Dear Sir:

This is to inform you that this corporation did not receive any notice about filing an annual report. as we are a new corporation, we were not aware that this was necessary.

Please take this into consideration and waive the penalty. Enclosed is a check for \$150.⁰⁰ for the fee to file along with the completed application for reinstatement.

If there is any problem, please call me at 561-616-0549. Thank you.

Sincerely,

Teresa Senechal
Vice-President