PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG -9 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000066460

1. Corporation Name

SEMA ENTERPRISES, INC.

4346 SW 147 COURT
4346 SW 147 COURT

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
4346 SW 147 COURT		4346 SW 147 COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL.		City & State: MIAMI, FL.	
Zip: 33185	Country: USA	Zip: 33185	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1120031 ☐ 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: MARIELA BUSTAMANTE

Street Address (P.O. Box Number is Not Acceptable): 4346 SW 147 COURT

700304001064?
08/09/04--01052--010 **900.00

Suite, Apt. #, Etc.:

City: MIAMI, FL. State: FL Zip Code: 33185

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 (01/04)

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
PS	MARIELA BUSTAMANTE	4346 SW 147 COURT	MIAMI, FL. 33185
VPTD	SERGIO RODOLFO ESPINA PAULUS	4346 SW 147 COURT	MIAMI, FL. 33185

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: X _____ SERGIO RODO 07/29/2004

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