

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

FILED

06 DEC -1 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
w6000050983

DOCUMENT # P02000121566

1. Corporation Name

S.E.L. CORPORATION

REINSTATEMENT *as of*

2. Principal Office Address

2227 14TH AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH

City & State

Zip

32960

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2002

5. FEI Number

16-1653113

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

AG CORPORATE SERVICES, LLC

300081961793
11/20/06--01079--017 **300 00

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

5805 BLUE LAGOON DR

Suite, Apt. #, Etc.

STE 200

City

MIAMI

State

FL

Zip Code

33126

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

REGISTERED AGENT MUST SIGN

Date 11-27-06

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
PD	SARAH LIMSAKUL	2410 SW 3 PL	VERO BEACH, FL 32962

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

282

S.E.L. CORPORATION
2227 14TH AVENUE
VERO BEACH FL 32960

November 6, 2006

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Fl. 32314

RE: EIN 16-1653113

~~Document Number~~ P02000121566

Dear Sirs:

Please be advised that we did not receive the annual report notices.

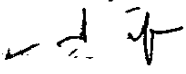
We respectfully request an abatement of penalty fee for reinstatement.

We send you today a check for \$ 300.00 for 2005 and 2006 annual report fee and form corporation reinstatement.

Thank you very much for your cooperation and assistance on this matter.

Very truly yours,

Sincerely,


SARAH LIMSAKUL
President

c.c. file