

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 26 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000064177

1. Corporation Name

SEJCO, INC.

2. Principal Office Address - No P.O. Box #

15605 SW 52nd CT

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33027

Country

USA

3. Mailing Office Address

15605 SW 52nd Ct.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33027

Country

USA

REINSTATEMENT 06-08
CR2E031 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/03

5. FEI Number

76-0735045

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

MIKE'S TAX & ACCOUNTING, INC.

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

269 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

SUITE I

City

PEMBROKE PINES

State

FL

Zip Code

33024

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Michael Parasjit

REGISTERED AGENT MUST SIGN

Date 2/7/08

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
D	BALVANT NATHU-HARI	15605 SW 52nd Ct	MIRAMAR, FL 33027
P	ANGELINE NATHU-HARI	15605 SW 52nd Ct	MIRAMAR, FL 33027

400118852054
02/26/08--01029--026 **450.00

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: X

Balvant Nathu-Hari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08 954.885.9021

Date

Daytime Phone #

2642

SEJCO, INC.
15605 SW 52nd CT, Miramar, FL 33027
Telephone: 954.885.9021

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

February 7, 2008

RE: Reinstatement of Seico, Inc.; Document # P03000064177

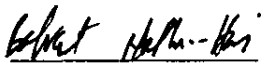
To Whom It May Concern:

We are requesting the reinstatement of the above mentioned corporation and that the reinstatement fees be waived. We did not received the prior reinstatement notices as we had relocated due to medical illnesses.

We are enclosing the completed application and payment of \$450.00.

If you have further concerns, please contact us.

Best Regards,


Balvant Nathu-Hari
Director