

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000119814

1. Corporation Name

SECA INVESTMENTS, INC

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

300 Saint Laurent st.

Suite, Apt. #, etc.

Suite 140

City & State

Longwood, FL

Zip

32750

Country

USA

3. Mailing Office Address

300 Saint Laurent st

Suite, Apt. #, etc.

Suite 140

City & State

Longwood, FL

Zip

32750

Country

USA

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 10/21/2003

5. FEI Number
364558966

☐ 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

Ana Torres

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

300 Saint Laurent St.

Suite, Apt. #, Etc.

Suite 140

City

Longwood

State

FL

Zip Code

32750

☐ 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

Date

REGISTERED AGENT MUST SIGN

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
P	Ana Torres	300 Saint Laurent St. Suite 140	Longwood, FL 32750

10. E-mail Address: altasch@cfl.rr.com

(To be used for future annual report notification)

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, I further certify, 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:

Ana Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/10 3214367711

Date

Daytime Phone #

FILED

10 MAY 13 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/13/10--01029--013 **1050.00