PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 JAN 30 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000131123

1. Corporation Name
SENECA ENTERPRISES INC.

REINSTATEMENT 2010-12

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
255 Rue Des Lac	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TARPON SPRINGS	City & State: Florida
Zip: 34688 Country:	Zip: Country:

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida: 11/13/2003

5. FEI Number: 753136650 ☐ 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: ANTHONY GIGLIOTTI

Street Address (P.O. Box Number is Not Acceptable): 255 Rue Des Lac

Suite, Apt. #, Etc.:

City: TARPON SPRINGS State: FL Zip Code: 34688

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01/30/12--01005--024 **1050.00

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: Anthony Gigliotti Date: 1-25-12

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
PRES	ANTHONY GIGLIOTTI	255 Rue Des Lac	TARPON SPRINGS FL 34688

10. E-mail Address: accountnt@gmail.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: Anthony Gigliotti 1-25-12 727-946-915

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

1/30/12

CORPORATE ACCESS, INC.

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 1/30 ecs

- ☐ CERTIFIED COPY
- ☑ PHOTOCOPY
- ☐ CUS
- ☑ FILING Reinstatement

1. Seneca Enterprises Inc
(CORPORATE NAME AND DOCUMENT #)

2. (CORPORATE NAME AND DOCUMENT #)

3. (CORPORATE NAME AND DOCUMENT #)

4. (CORPORATE NAME AND DOCUMENT #)

5. (CORPORATE NAME AND DOCUMENT #)

6. (CORPORATE NAME AND DOCUMENT #)

RECEIVED
12 JAN 30 AM 11:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS: File with Name change amend.