

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN 29 AM 8:38

DOCUMENT # *PD5000008712*

1. Corporation Name

SEM Group, Inc

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

2751 S. Ocean DR.

3. Mailing Office Address

180 Scott Drive

Suite, Apt. #, etc.

1506 S

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Atlantic Beach, NY

Zip

Country

33019

Broward

Zip

Country

11509 Nassau

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2185739

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.25 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporate Creations Network, Inc.

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

11380 Prosperity Farms Rd

Suite, Apt. #, Etc.

#221E

City

Palm Beach Gardens

State

FL

Zip Code

33410

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

01/26/09

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
<i>PRES</i>	<i>MITNITSKY LARISA</i>	<i>2751 S Ocean DR</i>	<i>Hollywood, FL 33019</i>

500142251185
*01729/09--01005--013 **600.00*

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01.26.09

Daytime Phone #

PH# 917 9526292