

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 MAR 10 AM 9:57

DOCUMENT # P05000098482

1. Corporation Name

SEKO MANAGEMENT INC

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

5032 72ND STE

Suite, Apt. #, etc.

City & State

Bradenton FL

Zip

34203

Country

USA

3. Mailing Office Address

2819 62ND AVE E

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34203

Country

USA

600145522226
03/11/09--01009--023 **600.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/2005

5. FEI Number

20-3269532

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

ZSOLT SZEKELY

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

5032 72ND ST E

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34203

☒ 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.

A 600.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 03-01-2009

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.	ZSOLT SZEKELY	5032 72ND ST E	Bradenton, FL 34203

REINSTATEMENT

06-09K5

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-01-09 9414475842

Daytime Phone #