

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 20 AM 9:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # POL0000037913

1. Corporation Name
Seny's Unique Design INC.
POL0000037913.

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #
2405 NW 171 ST.
3. Mailing Office Address
2405 NW 171 ST.

CR2E081 (12/08)

02/20/09

City & State
HIALEAH FL
City & State
HIALEAH FL
Zip 33015 **Country** USA.

4. Date Incorporated or Qualified To Do Business in Florida 3/14/06.
5. FEI Number 10-1755249.
 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
BARBARA LIRIANO.
Street Address (P.O. Box Number is Not Acceptable)
2405 NW 171 ST
Suite, Apt. #, Etc.
City HIALEAH **State** FL **Zip Code** 33015

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 *Barbara Liriano*
REGISTERED AGENT MUST SIGN

Date

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	BARBARA LIRIANO	2405 NW 171 ST	HIALEAH, FL 33015

900144077889
02/20/09--01028--017 **458 75

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: *Barbara Liriano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #