

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**07 FEB -1 AM 11:23**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P 9400000 3525

**1. Corporation Name**

SEN ENTERPRISE INC

**2. Principal Office Address**

530 S FEDERAL HWY

Suite, Apt. #, etc.

#202

City & State

DEERFIELD BEACH FL

Zip

33441

Country

USA

**3. Mailing Office Address**

530 S FEDERAL HWY

Suite, Apt. #, etc.

#202

City & State

DEERFIELD BEACH

Zip

33441

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/7/1994

**5. FEI Number**

65-0475815

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

INGRID M. BACHELOR

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

10235 W SAMPLE ROAD

Suite, Apt. #, Etc.

#205

City

CORAL SPRINGS

State

FL

Zip Code

33065

**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

Ingrid M Bachelor

REGISTERED AGENT MUST SIGN

Date 12/6/06

**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	EFERAN O TAYLOR	410 CARRIAGE OAKS DR	TYRONE GA 30290
VP	JERRY L. NESTBROOKS	10944 SAGE CREEK DR	GALENA OH 43021

200087086442  
02/01/07--01029--026 \*\*2285.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/06

Date

Daytime Phone #

B. Mitchell JAN 31 2007