

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

98 DEC 17 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010362

1. Corporation Name

SEVILLE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2360 S.W. 139TH PLACE
MIAMI FL 33175

2360 S.W. 139TH PLACE
MIAMI FL 33175

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1994

5. FEI Number

65-0467010

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	NAVEIRA, GRACIELA	2360 S.W. 139TH PLACE	MIAMI FL 33175
TD	NAVEIRA, JUAN C	2360 S.W. 139TH PLACE	MIAMI FL 33175

600002724106--0
-12/29/98--01002--024
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NAVEIRA, JUAN C
2360 S.W. 139TH PLACE
MIAMI FL 33175

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CARLOS NAVEIRA

12/14/98

Date

(305) 227.3379

Daytime Phone #

CR2040 (\$99)



Seville enterprises inc.

13800 SW 8TH ST Suite 356
MIAMI FL 33184
(305) 227-3897

NOVEMBER 19, 1998

FLORIDA DEPARTMENT OF STATE
MS. SANDRA B. MORTHAM
SECRETARY OF STATE
DIVISION OF CORPORATIONS

REF: Document # P94000010362

The present is to inform you, that we did not file the 1998 Corporation Annual Report, because we did not receive the appropriate forms.

We have received a Notice of Administrative Dissolution or Revocation, and we notice also that a substantial penalty or fee is now involved.

Respectfully, we ask you to waive any fee or penalty to reinstatement, due to present financial hardship in our business.

If you like to inform us of your decision by phone here is our toll free number 1-800 905-1502, or if you prefer, we be waiting for your instructions, thank you.


By SEVILLE ENTERPRISES INC.
GRACIELA NAVEIRA, President