


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000013983			
1. Corporation Name SEKA CORP.			
Principal Place of Business 2131 CALAIS DR #1 MIAMI BEACH, FL 33141		Mailing Address 2131 CALAIS DR #1 MIAMI BEACH, FL 33141	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 2131 CALAIS DR.		3. New Mailing Office Address, If Applicable 2131 CALAIS DR.	
Suite, Apt. #, etc. APT #1		Suite, Apt. #, etc. APT #1	
City & State MIAMI BEACH, FLORIDA		City & State MIAMI BEACH, FLORIDA	
Zip 33141	Country DADE	Zip 33141	Country DADE
4. Date Incorporated or Qualified To Do Business in Florida 02/03/1996		5. FEI Number 65-0647865	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		\$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
P/S	SASA DESNICA	2131 CALAIS DR #1	MIAMI BEACH, FL 33141
V/T	DESANKA GUBAREVAC	2131 CALAIS DR #1	MIAMI BEACH, FL 33141
8. Name and Address of Current Registered Agent MARIA I. CASABLANCA 100 S. E. Street Suite 3350 MIAMI, FL 33131		9. Name and Address of New Registered Agent Name ABBIE SALT Street Address (P.O. Box Number is Not Acceptable) 710 N. E. 126 St. Suite, Apt. #, Etc. City N. MIAMI State FL Zip Code 33161	
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 Abbie Salt Date 10/15/97 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (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: SASA DESNICA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/15/97 (305) 868-8326 Daytime Phone #	

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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