

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000032061**

1. Corporation Name

SENAO INTERNATIONAL (MIAMI), INC.

Principal Place of Business

Mailing Address

2604 NW 72ND AVENUE
 MIAMI FL 33122
 US

2604 NW 72ND AVENUE
 MIAMI FL 33122
 US

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

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

04/12/1996

5. FEI Number

65-0673438

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	4 City / State / Zip
S	JEFFREY, TEO	2604 NW 72ND AVENUE	MIAMI FL 33122
D	LIN, PAO YUNG	2604 NW 72ND AVENUE	MIAMI FL 33122
M	JING WANG	2604 NW 72nd AVENUE	MIAMI FL 33122

10/14/03

500023971105
 10/21/03--01072--003 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAN, JESSICA
 2604 NW 72ND AVENUE
 MIAMI FL 33122

Name

Chou, Inffinie

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

2604 NW 72nd Ave.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

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. or 617.0505, F.S.

Signature of Registered Agent

Signature of Jessica Pan

REGISTERED AGENT MUST SIGN

Date

10/14/03

11. 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 of Jessica Pan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

305-592-5666

CR2E040 (7/03)