

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 APR 16 PM 4:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

P96000081637

1. Corporation Name

E. SEILER & ASSOCIATES, INC.

2. Principal Office Address

2230-I SPRING HARBOR DR.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL.

Zip

33445

Country

USA

3. Mailing Office Address

2230-I SPRING HARBOR DR.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL.

Zip

33445

Country

USA

REINSTATEMENT 99-02**4. Date Incorporated or Qualified
To Do Business in Florida**

9-30-96

5. FEI Number

65-0696900

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**

ERIC SEILER

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

2230-I SPRING HARBOR DR.

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33445

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

Eric Seiler

Date

4-8-02

REGISTERED AGENT MUST SIGN

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
PRESIDENT/OWNER	ERIC SEILER	2230-I SPRING HARBOR DR.	DELRAY BEACH FL. 33445

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eric Seiler

4-8-02

561-274-0439


Attn: Division of Corporations.

Re: Articles of Incorporation

From: Eric Seiler
Owner/President E. Seiler & Associates, Inc.

I am requesting copies of my Articles of Incorporation as my originals were lost. It is my understanding that the fee for this is \$8.75. I have enclosed a check for this purpose.

Thank You,



Eric Seiler