

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 DEC 30 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000086558

1. Corporation Name

SEYER INDUSTRIES, INC.

Principal Place of Business

15754 SW 102ND LN
MIAMI FL 33136
13205 SW 137 AVE.
Suite # 221

Mailing Address

15754 SW 102ND LN
MIAMI FL 33136
13205 SW 137 AVE
Suite # 221

REINSTATEMENT 03



500025228995

12/04/03--01018--027 **750.00

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

2. New Principal Office Address, If Applicable

13205 SW 137 AVENUE

Suite, Apt. #, etc.
Suite # 221

City & State
MIAMI FLORIDA

Zip
33186
Country
USA

3. New Mailing Office Address, If Applicable

13205 SW 137 AVE

Suite, Apt. #, etc.
Suite # 221

City & State
MIAMI, FLORIDA

Zip
33186
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1996

5. FEI Number

65-0711522

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
P	REYES, ANGEL	15754 SW 102 L. N. 13205 SW 137 AVENUE Suite # 221	MIAMI FL 33186
S	REYES, SHARON I	15754 SW 102 L. N. 13205 SW 137 AV. Suite # 221	MIAMI FL 33186 33186
T	REYES, ANGEL P	15754 SW 102 L. N. 13205 SW 137 N. Suite # 221	MIAMI FL 33186 33186

8. Name and Address of Current Registered Agent

LAROCCA, ELIZABETH ESQ
80 SW 8TH STREET
SUITE 2042
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name
Angel - Reyes
Street Address (P.O. Box Number is Not Acceptable)
13205 SW 137 AVENUE
Suite, Apt. #, Etc.
Suite # 221
City
Miami
State
FL
Zip Code
33186

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

REGISTERED AGENT MUST SIGN

Date

11/20/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/03
Date

305 905 2496
Daytime Phone #

CR2E040 (7/03)