

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

99-00 AR

FILED
00 AUG 21 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000076585**

1. Corporation Name

**SEEBECK INTERNATIONAL, EXPORT
& IMPORT, INC**

2. Principal Office Address

10795 NW, 53rd ST

Suite, Apt. #, etc.

#213

City & State

Sunrise, FL

Zip

33351

Country

USA

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1997

5. FEI Number

65-0797818

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

MAIRYM MILANO

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

10795 NW, 53rd ST

Suite, Apt. #, Etc.

#213

City

Sunrise

400003385904-8

-09/08/00--01001--08

*****300.00 ***300.00**

State

FL

Zip Code

33351

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

Mairym Milano
REGISTERED AGENT MUST SIGN

Date

08/01/00

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
1st	MAIRYM MILANO	10795 NW, 53rd #213 Sunrise	Sunrise, FL, 33351

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:

Mairym Milano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/00
Date

(954) 7209421
Daytime Phone #