PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 11 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000097560

1. Corporation Name

THE SELBOR CORPORATION

Principal Place of Business
16781 Redwood Way
Fort Lauderdale, FL 33326

Mailing Address
16781 Redwood Way
Fort Lauderdale, FL 33326

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 11/17/1997

5. FEI Number [ ] Applied For [X] 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSDT	ROBLES, ARNI	16781 Redwood Way	Fort Lauderdale, FL 33326
			500002742115--0.
			-01/14/99--01091--019
			****900.00 ****900.00

8. Name and Address of Current Registered Agent
AmeriLawyer
343 Almeria Avenue
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent
Name: Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue
Suite, Apt. #, Etc.
City: Coral Gables State: FL Zip Code: 33134

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: Spiegel & Utrera, P.A. By: Natalia Utrera, Vice President (REGISTERED AGENT MUST SIGN) Date 01/05/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No [X] (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.

Arni Robles, President

SIGNATURE: 01/05/99 (954)389-7809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1/98)