

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000041367

1. Corporation Name

Sebio Enterprises, Inc.

FILED
2007 JUL 18 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

CR2E081 (1/07)

05-07

2. Principal Office Address - No P.O. Box #

677 SW 1st Street
Suite, Apt. #, etc.

3. Mailing Office Address

MIAMI FLA
P.O. Box 653103 33265
Suite, Apt. #, etc.

City & State

Miami

City & State

MIAMI FL

Zip

33130

Country

USA

Zip

33265

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

650836618

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
MAGELY Quintana

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

677 SW 1st Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33130

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/14/07

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 |
|----------------------|--------------------------------------|---|--------------------|
| Officer President | ROBERT Quintana | 677 SW 1st Street | Miami FL 33130 |
| Officer Secretary | MAGELY Quintana | 677 SW 1st Street | Miami FL 33130 |
| | | | |
| | | | |
| | | | |

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07/18/07-01017-013 **1050.00

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 contained in Chapter 119, 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

[Signature]

7/14/07

Date

Daytime Phone #