

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P99000013445

1. Corporation Name

SENETINER S.A., INC.

Principal Place of Business

16445 COLLINS AVENUE
UNIT 212B
SUNNY ISLES BEACH FL 33180

Mailing Address

16445 COLLINS AVENUE
UNIT 212B
SUNNY ISLES BEACH FL 33180

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/11/1999

5. FEI Number

65-0894702

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTSD	SENETINER, ADRIANO	16445 COLLINS AVENUE	SUNNY ISLES BEACH FL 33180
VPD	SENETINER, DONATELLA	16445 COLLINS AVENUE	SUNNY ISLES BEACH FL 33180

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****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BORYSOWSKI, MAURICE
17140 COLLINS AVE
STE-101
SUNNY ISLES BEACH FL 33160

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/22/2001 AD

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

Date

Daytime Phone #

11/22/01 305-949-5407

Please Do Not Remove -

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SENETINER S.A. INC.
16445 Collins Ave. Apt. 2128
Sunny Isles Beach FL 33160

October 22nd, 2001.

**To: Florida Dept. of State
Division of Corporations**


Dear Gentle Person:

We receive today in the mail a notice of administrative dissolution.

We did not receive a previous notice to this one.

Please accept the original due amount of \$150,00 and our apologies for the inconvenience.

Yours very truly,


Adriano Senetiner
President