

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 13 AM 9:05

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P99000094608

1. Corporation Name

Sens Co.

2. Principal Office Address

460 W. 62nd St

Suite, Apt. #, Etc.

City & State

Miami Beach FL

Zip

33140

Country

US

3. Mailing Office Address

460 W. 62nd St

Suite, Apt. #, Etc.

City & State

Miami Beach FL

Zip

33140

Country

US

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Tammy Schneider

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

460 W. 62nd St

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

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

Tammy Schneider

REGISTERED AGENT MUST SIGN

Date

3/8/02

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
P	Thomas Schneider	460 W. 62nd St	Miami Beach FL 33140
Sec.	Tammy Schneider	460 W. 62nd St	Miami Beach FL 33140

3/8/25

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:

Thomas Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 (305) 790-4794

Date

Daytime Phone #

CR2EN1 (9/01)

March 8, 2002

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Ref: **Sens Co P99000094608**

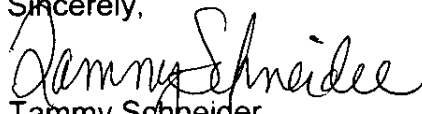
Dear Sir or Madam:

Please reinstate the above corporation without charging the penalty.
The address for the corporation changed and I did not receive the
annual report for 2000 or 2001.

The correct address for the corporation should be 460 West 62nd Street,
Miami Beach, FL 33140.

Enclosed please find the reinstatement form and a check for \$450
to cover the years 2000, 2001 and 2002.

Sincerely,


Tammy Schneider