PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

98 JUL 24 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # S37199

1. Corporation Name
SENCLE'S CORP.

Principal Place of Business	Mailing Address
630 LINCOLN ROAD MIAMI BEACH FL 33139	630 LINCOLN ROAD MIAMI BEACH FL 33139

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

REINSTATEMENT 97-98

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: 03/12/1991

5. FEI Number: 65-0258375 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MORANZONI, MASSIMO	630 LINCOLN ROAD	MIAMI BEACH FL 33139
VP	EMILIO VALDIVIESO	630 LINCOLN ROAD	MIAMI BEACH, FL 33139

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: Massimo Moranzoni
Street Address (P.O. Box Number is Not Acceptable): 630 Lincoln Road
Suite, Apt. #, Etc.:
City: Miami Beach State: FL Zip Code: 33139

CR2E040 (8/97)

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: Massimo Moranzoni, Registered Agent Date: 7/9/98
REGISTERED AGENT MUST SIGN — Massimo Moranzoni

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

SIGNATURE: Vice President Date: 7/9/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Emilio Valdivieso
Daytime Phone: (305) 532-6199

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