

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S37199

1. Corporation Name

SENACLE'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.

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	MORANZONI, MASSIMO	440 14 ST. #5	MIAMI BEACH FL 33139
V	PEREIRA DE BRITO, MAURO SERGIO	2000 ISLAND BLVD #2104	WILLIAMS ISLAND FL 33160
<del>V</del>	<del>MONTI, STEFANO</del>	<del>2025 COLLINS AVE #1409</del>	<del>MIAMI BEACH FL 33139</del>
V	VIOLLAND, MARCELO	2000 ISLAND BLVD. #2104	WILLIAMS IS., FL 33160
			800003511198--0 -12/22/00--01020--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORANZONI, MASSIMO  
440 14TH STREET #5  
MIAMI BEACH FL 33139

Name

MAURO C. SANTOS, ESQ.

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

25 S.E. 2nd AVENUE #1235

Suite, Apt. #, Etc.

# 1235

City

MIAMI

State

FL

Zip Code

33131

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/09/00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/2000 305-6729506  
Date Daytime Phone #