

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 5:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S37199**

1. Corporation Name

**SENACLE'S CORP.**

Principal Place of Business

630 LINCOLN ROAD  
MIAMI BEACH FL 33139

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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	4 City / State / Zip
<del>P</del>	<del>MORANZONI, MASSIMO</del>	<del>440 14 ST. #5</del>	<del>MIAMI BEACH FL 33139</del>
V	PEREIRA DE BRITO, MAURO SERGIO	2000 ISLAND BLVD #2104	WILLIAMS ISLAND FL 33160
V, P	VIOLLAND, MARCELO	2000 ISLAND BLVD., #2104	WILLIAMS ISLAND FL 33160

400008645594  
10/29/02--01043--009 \*\*150.00

8. Name and Address of Current Registered Agent

SANTOS, MAURO C ESQ.  
25 S.E. 2ND AVENUE  
#1235  
MIAMI FL 33131

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/24/02

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

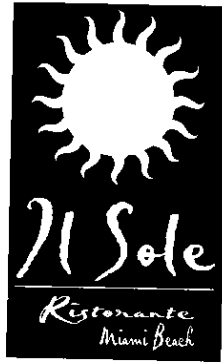
10/24/2002

(305) 673-1858

Date

Daytime Phone #

CR2E040 (8/02)



2 of 2

October 24, 2002

Dear Sirs,

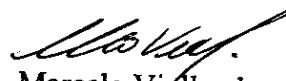
Please find enclosed a check in the amount of US\$ 150 to pay the fee to file the report. I, hereby, can guarantee that we did not receive the two prior UBRs. My lawyer, who is the Corporation Registered Agent did not receive any letter (UBR) as well. If you have any questions do not hesitate to contact us directly by mail or over the phone:

Sencle's Corp  
630 Lincoln Road  
Miami Beach - FL 33139  
(305) 673-1858

Santos, Mauro C Esq  
25 S.E. 2nd Avenue #1235  
Miami - FL 33131  
(305) 371-5252

Thank you in advance for your understanding.

Sincerely,

  
Marcelo Violland  
Sencle's Corp