

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 97 OCT -8 PM 2:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # PA0000005204
 1. Corporation Name SERVE 'EM, INCORPORATED

Principal Place of Business Mailing Address
301 CLEMATIS STREET 3RD FLOOR
WEST PALM BEACH, FL 33415-4601

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
301 CLEMATIS ST
3RD FLOOR
WEST PALM BEACH, FL
 Zip Country
33401 4601 PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida 5/6/96

5. FEI Number 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
P/D	ROBERT GIBSON	303 GARDINA ST APT 4	WEST PALM BEACH FL 33401
S/D	VICTOR J. COOK III	7525 LAKE DRIVE # 108	SINGER ISLAND FL 33404
CFO/D	FLOYD O. WILDER	1081 SUMMIT PLCLR # A	WEST PALM BEACH FL 33415

500002317435-77
 -10/10/97-01073-00
 750.00750.00
 10-1

8. Name and Address of Current Registered Agent
VICTOR J. COOK III
301 CLEMATIS ST 3RD FLOOR
WEST PALM BEACH, FL 33401

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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] REGISTERED AGENT MUST SIGN Date 10/6/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FLOYD O. WILDER Date 10/6/97 (561) 833-6506 (561) 478-8601 Daytime Phone #

CR2E040 (12/96)