

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

98 DEC 31 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P97000093993

1. Corporation Name
 SERPROTEC LIMITED CORP.

Principal Place of Business: 5757 BLUE LAGOON DR. SUITE 350 MIAMI FL 33126
 Mailing Address: 5757 BLUE LAGOON DR. SUITE 350 MIAMI FL 33126



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		4. Date Incorporated or Qualified To Do Business in Florida 11/03/1997	
Suite, Apt. #, etc. 4410 SW 137 CT		Suite, Apt. #, etc. 4410 SW 137 CT		5. FEI Number 65-0796391	
City & State MIAMI, FL		City & State MIAMI, FL		Applied For Not Applicable	
Zip 33125	Country DADE	Zip 33125	Country DADE	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	TORRES, LUIS E	5757 BLUE LAGOON DR. 4410 SW 137 CT	MIAMI FL 33126 33125
SVD	ROBERTS, ALBERTO G	5757 BLUE LAGOON DR.	MIAMI FL 33126
			600002735536--5 -01/08/99-01113-012 ****550.00 ****550.00
			12/13/98

8. Name and Address of Current Registered Agent ROBERTS, ALBERTO G 5757 BLUE LAGOON DR. SUITE 350 MIAMI FL 33126		9. Name and Address of New Registered Agent Name: JESUS MONTES DE OCA Street Address (P.O. Box Number is Not Acceptable): 4410 SW 137 CT Suite, Apt. #, Etc.: City: MIAMI State: FL Zip Code: 33125	
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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: 11/24/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 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)(f), 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]* LIFE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 11/24/98
 Daytime Phone #

CR2E040 (9/98)

SERPROTEC LTD. CORP.

4410 S.W. 137CT MIAMI, FL.
PHONE / FAX 305-480-0286

November 24, 1998

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

Enclosed please find a Reinstatement form signed & dated.

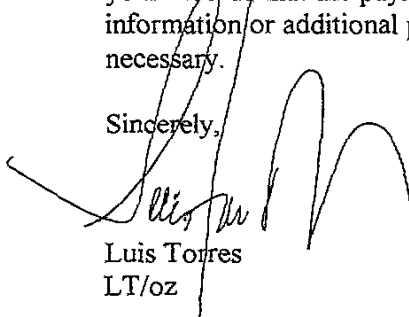
Please note that this Corporation should NOT have been dissolved since we sent the Annual Report to your office on September 30, 1998, Post Office so postmarked, together with the corresponding check in the amount of \$550.00.

Approximately fifteen days later you returned the Annual Report because Officer failed to sign said form. We immediately signed and return to you.

The check was never returned to us.

We are sending this reinstatement form without the check in the hope that you will find in your records that the payment was made on September 30th, 1998. If you need further information or additional payment, then please inform us and we will do whatever is necessary.

Sincerely,


Luis Torres
LT/oz