

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -6 PM 12:23

DOCUMENT # 999000096000

1. Corporation Name
SERENA PROPERTIES, INC.

2. Principal Office Address
280 S.W. 56th Terrace

Suite, Apt. #, etc.
Apartment 101

City & State
Margate, Florida

Zip Country
33068 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 06-01

4. Date Incorporated or Qualified To Do Business in Florida 11/1/99

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Morton Ginsberg Vice Company

Street Address (P.O. Box Number is Not Acceptable)
280 S.W. 56th Terrace

Suite, Apt. #, Etc.

Apartment 101

City
Margate

800003996368-3
-04/13/01--01025--008
****908.75 ****908.75
State Zip Code
FL 33068-2522

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Morton L. Ginsberg
MORTON L. GINSBERG REGISTERED AGENT MUST SIGN

Date 4-3-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President Secretary	Morton L. Ginsberg	280 S.W. 56th Terrace	Margate, Florida 33068

10. 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)(l), 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: Morton L. Ginsberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MORTON L. GINSBERG

Date 2/27/01 Daytime Phone # 752-9696

CR2E081 (9/00)