

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1996 NOV -1 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080065

1. Corporation Name  
SEREM HOLDING CORP.

Principal Place of Business 4434 N BAY RD THE SAXONY HOTEL 3201 COLLINS AVE MIAMI BEACH FL 33140 US	Mailing Address 4434 N BAY RD THE SAXONY HOTEL 3201 COLLINS AVE MIAMI BEACH FL 33140 US
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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 11/18/1993	5. FEI Number 65-0468164 Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
PSTD	BERKOWITZ, ABBEY	4434 N BAY RD	MIAMI BEACH FL
			800002000128--7 -11/08/96--01029--015 ***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent LEDERER, STEVEN J 2450 N.E. MIAMI GARDENS DRIVE SUITE 100 NORTH MIAMI BEACH FL 33180	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
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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 *Abbey Berkowitz* REGISTERED AGENT MUST SIGN  
Date 10/20/96

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 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: *Abbey Berkowitz* SIGNATURE REQUIRED  
Date 9/28/96 Daytime Phone 905-578-654

CRS 5040 (7/95)