

APPLICATION FOR REINSTATEMENT FOR 1998

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

DO NOT WRITE IN THIS AREA
FILED
98 MAR -6 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P96000009317
SERENITY INVESTMENTS, INC.
4611 Poinciana Street
Suite # 3
Lauderdale-by-the-Sea, Florida 33308

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.
Address: 621 Lyons Road
Address: Suite # 9107
City and State: Coconut Creek, Florida
Zip Code: 33063

REINSTATEMENT 97-98
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If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

3. Date Incorporated or Qualified To Do Business in Florida: January 26, 1996
4. FEI Number: 65-0642783
FEI Number Applied For: FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director			
1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	Shabbir ALLIJI	621 Lyons Road Suite # 9107	Coconut Creek, FL 33063

000002453190--7
-03/10/98--01106--003
***988.00 ***988.00

This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent
LARRY J. BEHAR, P.A.
888 S.E. Third Avenue
Suite # 400
Fort Lauderdale, Florida 33316

7. Name and Address of New Registered Agent
Name:
Street Address (Do NOT Use P.O. Box Number):
Street Address (Do NOT Use P.O. Box Number):
City and State: FL Zip Code:

8. 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: *Larry J. Behar*
LARRY J. BEHAR REGISTERED AGENT MUST SIGN
Date: 02.26.1998

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: *Shabbir Alliji*
Date: 02.26.1998 Phone #: (954) 984-4287

SHABBIR ALLIJI