

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000066375**

1. Corporation Name

SERVIBANCO, INC

2. Principal Office Address

201 CRANDON BLVD

Suite, Apt. #, etc.

630

City & State

KEY BISCAYNE, FL

Zip

33149

Country

USA

3. Mailing Office Address

201 CRANDON BLVD

Suite, Apt. #, etc.

630

City & State

KEY BISCAYNE, FL

Zip

33149

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/05/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

0204

7. Name and Address of Current Registered Agent

Name

JOSE A GUTIERREZ

Street Address (P.O. Box Number is Not Acceptable)

201 CRANDON BLVD

Suite, Apt. #, Etc.

630

City

KEY BISCAYNE

State

FL

Zip Code

33149

200835787292
05/07/04--01095--034 **10.00

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

[Signature] **Alfredo Gutierrez**

Date **03/12/09**

REGISTERED AGENT MUST SIGN

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
PD	JOSE A GUTIERREZ	201 CRANDON BLVD	KEY BISCAYNE FL 33149
VP	CARLOS GUTIERREZ	201 CRANDON BLVD #630	KEY BISCAYNE, FL 33149
SD	LUIS G GUTIERREZ	201 CRANDON BLVD #630	KEY BISCAYNE, FL 33149
TD	LIRIA VIL LEGAS	201 CRANDON BLVD #630	KEY BISCAYNE, FL 33149
D	GLORIA I GUTIERREZ	201 CRANDON BLVD #630	KEY BISCAYNE FL 33149

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **03/12/09 305-4**

Date

Daytime Phone #

CR2E081 (01/04)

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