

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

**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 VILLEGAS	201 CRANDON BLVD #630	KEY BISCAYNE, FL 33149
D	GLORIA IGUTIERREZ	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

**03/12/09 305-4**

Date

Daytime Phone #

CR2E081 (01/04)

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