

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

CLERK OF STATE  
DIVISION OF CORPORATIONS  
06 MAR 30 PM 2:12

<b>DOCUMENT # P94000051434</b> 1. Entity Name <b>SERENE COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>1331 ADAMS ST HOLLYWOOD, FL 33019 US</b>			Mailing Address <b>1331 ADAMS ST HOLLYWOOD, FL 33019 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PAINTER, JAMES M 1300 N. FEDERAL HWY. SUITE 110 BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number Not Acceptable) <b>65-0520155</b> <b>05/22/06 - 01001 - 005 **150.00</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JUSTICE-REED, SERENE <input type="checkbox"/> Delete 1331 ADAMS ST HOLLYWOOD, FL 33019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JUSTICE-REED, SERENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4711 NATICK AVE UNIT 131 SHERMAN OAKS, CA 91403	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mark Reed 1331 Adams St Hollywood, FL 33019 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Mark Reed VP</i> <i>Mark Reed V.P.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4-14-06</i> Daytime Phone #: <i>954-649-7350</i>		

REINSTATEMENT 05-06

*[Handwritten initials]*