PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 09 NOV 24 PM 12: 57						
DOCUMENT # P01000066375 1. Corporation Name									SECRETARY OF STATE TALLAHASSEE, FLORIDA				
SERVIBANCO, INC.								REINSTATEMENT 05-					
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	al Office Addre		P.O. BOX# SHORE DR.		3. Mailing Office Address 2665 SOUTH BAYSHORE DR.				100163076871 11/24/0901015015 **750.00 cr26081 (11/09)				
Suite, Apt. #				1 ' ' '	Suite, Apt. #, etc.								
SUITE 906				SUITE 906				4. Date Incorp	orated or Qualified ness in Florida	: ブハち/クロ	Λ1		
City & State			*. := =;	City & State				To Do Business in Florida 07/05/2001 5. FEI Number Applied For					
	JNUI	T	OVE FL	COCONUT GRO					65-111213				Not Applicable
^{Zip} 33133			-	^{Zip} 33133		Count USA	•		6. CERTIFICATE	OF STATUS DESIRE			onal Fee require ficate of Status
		7. Nar	me and Address of	f Current Regis	tered Agen	ıt							
Name JORGE	E L. GUF	RIAN							☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Street Add		x Number	er is Not Acceptable))									
Suite, Apt	#, Etc.		<u> </u>										
STE 900 City COCOI	NUT GRO	OVE				State FL	Zip Co. 33133	de					
8. 1, being	appointed the	e register	red agent of the abov	ve named corpc	oration, am f	familiar	with and accr	apt the ot	oligations of section	on 607.0505 or 617	7,0503, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN									Date 11/23/09				
0 Names	and Street A	ddrasaas	<i></i>				trations must	tion of los	ant 3 directors)				
Titles	and Great,	-	Name of ers and/or Directors		or Director (Florida nonprofit corporations must list at le Street Address of Eacl Officer and/or Directo)	City / State / Zip			
PD	JOS	EA	GUTIE	RREZ	RREZ 2665 S. BAYSHORE DRIV				'E STE 906	COCONU	T GRO	VE,	FL 33133
VP	CARL	<u>.os</u>	GUTIERF	REZ	2665 S. BAYSHORE DRIV				'E STE 906	COCONU	T GRO	VE,	FL 33133
SD	LUIS	LUIS G GUTIERREZ				2665 S. BAYSHORE DRIV			E STE 906	сосоии	T GRO	VE,	FL 33133
TD	LIBIA	LIBIA VILLEGAS				2665 S. BAYSHORE DRIV			E STE 906	COCONU	T GRO	VE,	FL 33133
D	GLO'	RIA	L GUTIE	RREZ	2665 S	665 S. BAYSHORE DRIVE STE			/E STE 906	COCONO	T GRO	VE,	FL 33133
				·									
10. E-mail Address: JGURIAN@GURIANLAW.COM (To be used for future annual report notification)													
11. I certify	that I am an o	officer or d	director or the receiv	ver or trustee en	npowered to	o execute	te this applica	ition as pi	rovided for in cha	pter 607 or 617, F.	S. I further c	ertify th	at 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. I further pertify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if													
made ur SIGNAT	Inder oath. TURE:	- 1	illt	light	la-	Jos	SE A GU	JTIEF	REZ	11-2	23-09	308	5-279 - 4101
	,	7/0	SIGNATURE AND T	TYPED OR PRINT	ED NAME OF	SIGNIN	G OFFICER O	R DIRECT	OR	Date		Da	ytime Phone #

7.11/24