

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 28 AM 8:52

DOCUMENT # P01000085804

1. Corporation Name

SERNAR, INC.

REINSTATEMENT 02-03

2. Principal Office Address

2500 Quantum Lakes Dr.

Suite, Apt. #, etc.

Suite 203

City & State

Boynton Beach, FL

Zip

33426

Country

USA

3. Mailing Office Address

2500 Quantum Lakes Drive

Suite, Apt. #, etc.

Suite 203

City & State

Boynton Beach, FL

Zip

33426

Country

USA

700011136497

01/28/03--01068--005 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2001

5. FEI Number

05-1141845

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sergio A. Mariaca

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

654 Cypress Green Circle

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

REGISTERED AGENT MUST SIGN

Date

1/24/03

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
Pres.	Sergio A. Mariaca	654 Cypress Green Circle	Wellington, FL 33414
VP	Andrea L. Mariaca	654 Cypress Green Circle	Wellington, FL 33414

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

Andrea Mariaca

Date

1/24/03

Daytime Phone #

(561) 792-5858

CR2E081 (10/02)