

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840013

1. Corporation Name

SERGE INVESTMENTS, N.V. INC.

Principal Place of Business

Mailing Address

11955 S.W. 66TH AVENUE
MIAMI FL 33156

11955 S.W. 66TH AVENUE
MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1978

5. FEI Number

59-1784742

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MOO, CHARLES	11955 S.W. 66TH. AVE.	MIAMI FL
SD	MOO, BERTHEBELL	11955 S.W. 66TH. AVE.	MIAMI FL
			400003493324--B -12/11/00--01037--008 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEDER, NATHAN L.
3200 BLUE LAGOON BLVD.
SUITE 600 THE WATERFORD
MIAMI FL 33126

Name

MARIO E. TOCA @ TOCA COMPANY

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

5725 S.W. 77 TERR

Suite, Apt. #, Etc.

City

S. MIAMI

State

FL

Zip Code

33143-5410

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

M. Leder SIGNATURE REQUIRED

Date 10/27/00

REGISTERED AGENT MUST SIGN

11. 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:

Nathan Leder SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/00 (305) 668-8100
Date Daytime Phone #

KE



REINSTATEMENT

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FILED
00 NOV 29 AM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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