PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 19 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000001314

1. Corporation Name

Serefex Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4328 Corporate Square	4328 Corporate Square
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc. Suite C
City & State Naples, FL	City & State Naples, FL
Zip 34104 Country Collier	Zip 34104 Country Collier

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business In Florida: 03/17/2003

5. FEI Number: 592412164 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Brian Dunn

Street Address (P.O. Box Number is Not Acceptable): 4328 Corporate Square

Suite, Apt. #, Etc.: Suite C

City: Naples State: FL Zip Code: 34104

☒ 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.

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: [signature] REGISTERED AGENT MUST SIGN Date: October 19, 2007

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
D	Terry Monahan	2437 Lost Tree Way	Bloomfield Hills, MI 48304
DPS	Brian S. Dunn	20100 Saraceno Drive	Estero, FL 33928
T	Todd Bartlett	30397 Club House Lane	Farmington Hills, MI 48334
	REINSTATEMENT 10-07 RH		

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 contained in Chapter 119, 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] OCTOBER 19, 2007 (239) 262-1610
October 19, 2007 (239) 262-1610

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Please Note: Client did not receive notices. They have checked the box. Thanks

CORPORATION REINSTATEMENT

SEREFEX CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
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Susi ex 2956

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