

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000007069

Entity Name: SERINEX GLOBAL CORP.

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

18640 NE 2ND AVE.
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

PO BOX 694556
MIAMI, FL 33269 US

New Mailing Address:

PO BOX 694601
MIAMI, FL 33269 US

FEI Number: 20-3854071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRESIDENTIAL SERVICES INCORPORATED
1217 CAPE CORAL PARKWAY #300
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SEAN, ROBERTS
18640 NE 2ND AVE.
MIAMI, FL 33179 US

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.

SIGNATURE: SEAN ROBERTS

03/19/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBERTS, SEAN
Address: PO BOX 694556
City-St-Zip: MIAMI, FL 33269

Title: D (X) Delete
Name: BRYD, JEAN
Address: PO BOX 694556
City-St-Zip: MIAMI, FL 33269

Title: P (X) Delete
Name: ROBERTS, SEAN
Address: PO BOX 694556
City-St-Zip: MIAMI, FL 33269

Title: S () Delete
Name: CHAIA, WOLETE
Address: PO BOX 694556
City-St-Zip: MIAMI, FL 33269

Title: T () Delete
Name: ROBERTS, STACY
Address: PO BOX 694556
City-St-Zip: MIAMI, FL 33269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ROBERTS, SEAN
Address: PO BOX 694556
City-St-Zip: MIAMI, FL 33269

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN ROBERTS

P/D

03/19/2008

Electronic Signature of Signing Officer or Director

Date