

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1996 DEC 16 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K96804
1. Corporation Name
SERAPHIM & ASSOCIATES, INC.

Principal Place of Business: 19316 GULF BLVD. P. O. BOX 72 INDIAN ROCKS BCH FL 34635-2215
Mailing Address: P. O. BOX 784 CAMBRIDGE ONTARIO CA ~~NIRSW~~ **NIRSW** US



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
City & State: **NIRSW6**

4. Date Incorporated or Qualified To Do Business in Florida: **06/20/1989**
5. FEI Number: **59-2995654**
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	SERAPHIM NICKOLAS	19316 INDIAN SHORES	INDIAN ROCKS BCH FL
D	SERAPHIM NICKOLAS	19316 INDIAN SHORES	INDIAN ROCKS BCH FL
			1000020000001 -12/18/96-01015-004 ***200.00 ****200.00

8. Name and Address of Current Registered Agent
**SERAPHIM, NICKOLS
19316 INDIAN SHORES
INDIAN ROCKS BCH FL 34635**

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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: *[Signature]* Date: **Nov 8/96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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]* **NICK SERAPHIM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **Nov 8/96** Daytime Phone #: **1514-650-4923**

CR2E040 (7/96)