

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JUN 12 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10672

1. Corporation Name

SERA CARPENTRY, INC.

Principal Place of Business

Mailing Address

5013 S.W. 89 AVE
COOPER CITY, FL 33328

P.O. Box 290335
DAVIE, FL 33329

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

2. New Principal Office Address, If Applicable

5013 S.W. 89 AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 290335
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/89

5. FEI Number

65-0142676

Applied For

Not Applicable

City & State
COOPER CITY, FL

City & State
DAVIE, FL

Zip
33328

Country
USA

Zip
33329

Country
USA

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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
PRES	RALPH SERA	5013 S.W. 89 AVE	COOPER CITY, FL 33328
V.PRES.	LYNNE SERA	5013 S.W. 89 AVE	COOPER CITY, FL 33328

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-06/16/98--01121--015
***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BA

Name

BARRY STARK

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

8181 W. BROWARD BLVD

Suite, Apt. #, Etc.

STE 255

City

PLANTATION

State
FL

Zip Code
33324

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]

REGISTERED AGENT MUST SIGN

Date

6/10/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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] RALPH SERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/10/98 954-434-5200

Daytime Phone #