

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M20318

1. Corporation Name

JULIUS SER, P.A.

2. Principal Office Address - No P.O. Box #

4606 PRAIRIE AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

4606 PRAIRIE AVENUE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

Zip

33140

Country

U.S.A

Zip

33140

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

JULIUS SER

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

4606 PRAIRIE AVENUE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date **3/27/2010**

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
P/D	JULIUS SER	4606 PRAIRIE AVENUE	MIAMI BEACH, FL 33140
S/D	JULIUS SER	4606 PRAIRIE AVENUE	MIAMI BEACH, FL 33140
T/D	JULIUS SER	4606 PRAIRIE AVENUE	MIAMI BEACH, FL 33140

REINSTATEMENT

RH

10. E-mail Address: **Julius_Ser@msn.com**

(To be used for future annual report notification)

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. I further certify, 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:

Julius Ser

JULIUS SER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/1020

Date

305-975-0198

Daytime Phone #

FILED

10 MAR 29 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400173355774
03/25/10--01018--005 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

09-6-1985

5. FEI Number

59-2572857

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.