

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -4 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M75943

1. Corporation Name

SERVI, INC.

2. Principal Office Address

140 SW 16 AVE.

3. Mailing Office Address

140 SW 16 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33135

Country

USA

Zip

33135

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04-01-1988

5. FEI Number

65-0045257

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SERGIO LUIS FIGUERO

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

8858 NW 109 TERRACE

Suite, Apt. #, Etc.

City

HIALEAH GARDENS

State

FL

Zip Code

33016

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**

Sergio L. Figuero
REGISTERED AGENT MUST SIGN

Date 08-01-03

9. Name 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
PVTS	SERGIO LUIS FIGUERO	8858 NW 109 TERRACE	HIALEAH GARDENS, FL. 33016

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 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:

Sergio L. Figuero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-01-03

Date

(305) 541-3444

Daytime Phone #

CR2E081 (10/02)