

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 JUL 23 AM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000007001

1. Entity Name
SERAPH ENTERPRISES, INC.



Principal Place of Business
6542 HYPOLUXO ROAD
SUITE 318
LAKE WORTH, FL 33467

Mailing Address
6542 HYPOLUXO ROAD
SUITE 318
LAKE WORTH, FL 33467

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-169-5155

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZDANOWICZ, MICHAEL S
14703 CACTUS WREN PLACE
TAMPA, FL 33625

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME GALLO - TRAVIS, MARLENE
STREET ADDRESS 6542 HYPOLUXO RD, STE 318
CITY - ST - ZIP LAKE WORTH, FL 33467

TITLE VP ☐ Delete
NAME ZDANOWICZ, MICHAEL S
STREET ADDRESS 14703 CACTUS AREN PLACE
CITY - ST - ZIP TAMPA, FL 33467

TITLE S ☐ Delete
NAME TRAVIS, JAMES
STREET ADDRESS 6542 HYPOLUXO RD, STE 318
CITY - ST - ZIP LAKE WORTH, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-18-07

Q. Michael

JUL 23 2007