

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 #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



05232007 REIN-REGISTRATION (10/07)

REINSTATEMENT

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

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

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	GALLO - TRAVIS, MARLENE	
STREET ADDRESS	6542 HYPOLUXO RD, STE 318	
CITY - ST - ZIP	LAKE WORTH, FL 33467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZDANOWICZ, MICHAEL S	
STREET ADDRESS	14703 CACTUS AREN PLACE	
CITY - ST - ZIP	TAMPA, FL 33467	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRAVIS, JAMES	
STREET ADDRESS	6542 HYPOLUXO RD, STE 318	
CITY - ST - ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

300106729283
07/26/07--01005--001 **122.50

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: Michael S. Zdanowicz 7-18-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

© Michael JUL 23 2007