

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 27 PM 4:35

DOCUMENT # P00000035318

1. Corporation Name

SERRANO PATINO GLOBO TOURS CORP.

REINSTATEMENT 02-04

2. Principal Office Address

5730 ESTANCIA DR.

Suite, Apt. #, etc.

7270

City & State

ORLANDO FL

Zip

32822

Country

3. Mailing Office Address

5730 ESTANCIA DR.

Suite, Apt. #, etc.

7270

City & State

ORLANDO FL

Zip

32822

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

98-0337386

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

LILIAN M. SERRANO PATINO

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

1809 OAK VISTA TERRACE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

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

Liliana Serrano

Date

10-26-04

REGISTERED AGENT MUST SIGN

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
DP	LURDES PATINO SERRANO	5730 ESTANCIA DR. ORLANDO FL. 34822	ORLANDO FL. 34822
DS	DIANA P. SERRANO	5730 ESTANCIA DR.	ORLANDO FL 34822
DT	JUAN C. SERRANO	5730 ESTANCIA DR.	ORLANDO FL 34822
DVP	BIBIANA F. SERRANO	5730 ESTANCIA DR.	ORLANDO FL. 34822
DVP	CARMEN L. PATINO	5730 ESTANCIA DR.	ORLANDO FL. 34822

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:

Liliana Serrano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-04

Date

Daytime Phone #