

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 20 AM 10:02

TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P01000009066

1. Corporation Name

SERCOINCA, Inc.  
6510 93984.

100009615381  
12/20/02--01039--003 \*\*150.00

2. Principal Office Address

3900 NW 79th.

3. Mailing Office Address

3900 NW 79th.

Suite, Apt. #, etc.

532

Suite, Apt. #, etc.

532.

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/24/01

5. FEI Number

651093984.

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

Juan Carrero

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

9551 fontainebleau blvd apt 401

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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

*[Signature]*

Date 12-18-2002

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
Presi	Juan Carrero	9551 fontainebleau blvd apt 401	Miami, FL 33172

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-2002

Date

Daytime Phone #

305-2189064

CR2E081 (9/01)

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