

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
02 DEC -4 AM 8:01

DOCUMENT # P01000009233

1. Corporation Name

SERENGETTI ARCHITECTURE, INC.

Principal Place of Business

6600 NW 4TH PLACE  
PLANTATION FL 33317

Mailing Address

6600 NW 4TH PLACE  
PLANTATION FL 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/2001

5. FEI Number

65-1084800

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ATTAH, ADAM N	6600 NW 4TH PLACE	PLANTATION FL 33317
DV	ATTAH, VALENTINA	6600 NW 4TH PLACE	PLANTATION FL 33317

4000009346344  
12/04/02--01034--009 \*\*150.00

8. Name and Address of Current Registered Agent

TWENEBOAH, KWAME  
613 SW 76TH AVENUE  
N LAUDERDALE FL 33068

9. Name and Address of New Registered Agent

Name

ATTAH, ADAM N.

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

6600 NW 4TH PLACE

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

CR2E040 (8x02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Adam N. Attah*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/14/02

11. 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:

*Adam N. Attah*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/02 (954) 797-2885.

Date

Daytime Phone #



-November 29, 2002-

Reference: Uniform Business Report

CONFIDENTIAL

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

**Subject: Application for reinstatement**

We are submitting herewith the completed application for reinstatement and the required UBR filing fee of \$150.00 (one hundred fifty dollars).

This should also serve to inform you that prior UBR notices were not received.

Sincerely,

Adam N. Attah, R.A.  
President.

ANA

*Architecture*

*Planning*

*Interior Design*

6600 NW 4th Place,  
Plantation, FL 33317

Phone  
954.797.2885

Fax  
954.797.2886

email  
adamattah@aol.com