

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
TOMMY THOMAS
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000009233

1. Corporation Name

SERENGETTI ARCHITECTURE, INC.

Principal Place of Business Mailing Address

6600 NW 4TH PLACE
PLANTATION FL 33317

02 WAR
SECRET
FILED
FLORIDA DEPARTMENT OF STATE

02 DEC -4 AM 8:01



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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/24/2001
City & State	City & State	5. FEI Number
Zip	Country	65-1084808
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	9. Name and Address of New Registered Agent	
TWENEBOAH, KWAME 613 SW 76TH AVENUE N LAUDERDALE FL 33068	Name ATTAH, ADAM N.	
	Street Address (P.O. Box Number is Not Acceptable) 6600 NW 4TH PLACE	
	Suite, Apt. #, Etc.	
	City PLANTATION	State FL

CR2E040 (8/02)

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
ASIGNATURE 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.

Samuel Attah (Adam N.)

11/14/02 (954)797-2885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



November 29, 2002

Reference: Uniform Business Report

CONFIDENTIAL

**SERENGETTI
ARCHITECTURE,
INC.**

Architecture

Planning

Interior Design



6600 NW 4th Place,
Plantation, FL 33317



Phone
954.797.2885



Fax
954.797.2886



email
adamattah@aol.com

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