

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 30 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001755

1. Corporation Name

SERINO CORP.

2. Principal Office Address

10951 Ashbourne Trail

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225

Country

U.S.

3. Mailing Office Address

10951 Ashbourne Trail

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225

Country

U.S.

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

Roberto J. Pena

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

10951 Ashbourne Trail

Suite, Apt. #, Etc.

City Jacksonville,

State
FL

Zip Code
32225

400027910324

01730704--01006--003 **300.00

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]

REGISTERED AGENT MUST SIGN

Date 01/22/04

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
PTD	Roberto J. Pena	10951 Ashbourne Trail	Jacksonville, FL-32225

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

[Signature]

Date 01/22/04

904 997-1098
Daytime Phone #

CR2E081 (10/02)

Binstock Rubin Ellzey and Company P.A.

CERTIFIED PUBLIC ACCOUNTANTS

ALEX S. BINSTOCK • CPA
RONALD E. RUBIN • CPA

RANDALL C. ELLZEY • CPA
JANET N. WILLIAMS • CPA

January 13, 2004

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

**Re: Serino Corp.
Document # P02000001755**

Gentlemen,

Enclosed please find a Corporation Reinstatement form for the above-mentioned Corporation and a check in the amount of \$300.00 for 2003 and 2004. We are hereby requesting the late fee being waived for 2003 year because the notice was never received.

Thank you for your consideration.

Very truly yours,


Ronald E. Rubin, CPA

RER:lz
Enclosures

c: Serino Corp.

ONE DATRAN CENTER • 9100 SOUTH DADELAND BOULEVARD • SUITE 901
MIAMI, FLORIDA 33156-7815 • TEL (305) 670-1984 • FAX (305) 670-2001

MEMBERS OF:
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS & FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS