

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 APR -3 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200095818912
04/05/07--01004--005 **458.75

REINSTATEMENT 05-07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO20000001755

1. Corporation Name

SERING CORP

2. Principal Office Address - No P.O. Box #

7665 S.W. 144 ST

Suite, Apt. #, etc.

City & State

PALMETTO BAY

Zip

FL

Country

33158

3. Mailing Office Address

7665 S.W. 144 ST

Suite, Apt. #, etc.

City & State

PALMETTO BAY - FL

Zip

33158

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/7/02

5. FEI Number

26-0010228

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 EXHEROBIDE

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

1580 SAWGRASS CORPORATE PKWY SUITE 130

Suite, Apt. #, Etc.

SUITE 130

City

SUNNYSIDE

State

FL

Zip Code

33323

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/29/2007

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	GILDA KOLSTER	7665 S.W. 144 ST	MIAMI, FL 33158
	<u>[Signature]</u>		

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 contained in Chapter 119, 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:

GILDA KOLSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/26/2007 786) 293-3889

Daytime Phone #

JNC Accounting & Tax Services LLC

1580 Sawgrass Corporate Parkway Suite 130
Sunrise FL 33323
Tel: (954) 315-4612 - Tel: (954) 837-0482
Fax: (954) 838-7746

February 15th, 2007

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

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

Dear Sirs

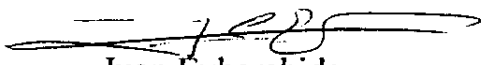
Please find attached a Corporate Reinstatement form for the above mentioned Corporation and a check in the amount of \$ 458.75 for 2005, 2006, 2007 and Certificate of Status.

We also are requesting the reinstatement fee will be waived, because the notice was not received.

Thanking you in advance for your consideration

Sincerely

By
JNC Accounting & Tax Services LLC


Juan Eyherabide