

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000099347

1. Corporation Name

SERINA'S ICE CREAM & BAKERY, INC.

FILED

04 NOV 12 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

13878 SW 56TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33175

Country

USA

3. Mailing Office Address

6181 SW 157 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33193

Country

USA

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

9-13-02

5. FEI Number

30-0113556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

DAVID SOTO

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

6181 SW 157 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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

David Soto

Date

9-13-04

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
P	GEORGE CARRASCO	6114 SW 158 PASS	MIAMI, FL 33193
T	DAVID SOTO	6181 SW 157 PL	MIAMI, FL 33193
S	RICHARD CARRASCO	1115 POTTER RD	PARK RIDGE, IL 60068
V	ADRIANA SOTO	6181 SW 157 PL	MIAMI, FL 33193

700042695627
11/12/04--01056--010 **\$900.00

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:

David Soto

DAVID SOTO

9-13-04

786-586-3406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #