

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 AUG 27 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000133854**

1. Corporation Name

**SERVIVUS ENVIRONMENTAL ENG. INC.**

2. Principal Office Address

**6110 NW 32nd Terr**

Suite, Apt. #, etc.

3. Mailing Office Address

**1970 Canterbury Cir.**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale**

City & State

**Wellington FL**

Zip

**33309**

Country

**Broward**

Zip

**33414**

Country

**WPB**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12-23-02**

5. FEI Number

**20-0076902**

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

**CRISTIAN REGAZZONI**

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

**6110 NW 32nd Ter**

Suite, Apt. #, Etc.

City

**Ft. Lauderdale**

State

**FL**

Zip Code

**33309**

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

*Cristian Regazzoni*

Date

**8/22/04**

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
VP	CRISTIAN REGAZZONI	6110 N.W. 32nd Terr	Ft. Lauderdale, FL 33309

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:

*Cristian Regazzoni*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954/600 7034**

CR2001 (07/04)

2 of 2

**Florida Department of State  
Secretary of State  
Division of Corporations  
Reinstatement Office  
PO Box 6327  
Tallahassee, FL 332314**

**Ref: P02000133854**

To whom it may concern:

Please be advised that SERVIUS ENVIROMENTAL ENG. INC has a new mailing address. Our new mailing address is:


1970 Canterbury Circle, Wellington FL 33414

Somehow in that moving process we lost some of our mail and we did not get last year's UBR and we also realized that consequently we did not get the actual one.

After clarifying this matter on a phone conversation with your office, we are requesting to have the penalty waived in this matter and enclosing a check to bring our status to a current one, with an amendment fee included for the change of our mailing address.

We thank you in advance for your help to untangle this situation. If you have any further questions please do not hesitate to contact us.

Sincerely,

  
**Cristian Regazzoni**  
**Registered Agent**

**COPY**

*Attach  
Letter to  
Form*

PS: Enclosures