2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000079975

Entity Name: SERAN, INC.

FILED Jun 15, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

120 S JACARANDA DR STE 201 PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

120 S JACARANDA DR STE 201 PLANTATION, FL 33324

FEI Number: 56-2421983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHAPAIZMAN, SARIT

120 S JACARANDA DR

201

PLANTATION, FL 33324 US

ORLIN, SARIT

120 S JACARANDA DR

201

PLANTATION, FL 33324 US

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SARIT ORLIN 06/15/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SHAPIZMAN, SARIT Name: ORLIN, SARIT

 Name:
 SHAPIZMAN, SARIT
 Name:
 ORLIN, SARIT

 Address:
 120 S JACARANDA DR # 201
 Address:
 120 S JACARANDA DR # 201

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:
 PLANTATION, FL 33324 US

Title: S () Delete Title: S (X) Change () Addition

Name:SHAPLZRAW, ERANName:SHAPLZRAW, ERANAddress:120 S JACARANDA DR # 201Address:120 S JACARANDA DR # 201City-St-Zip:PLANTATION, FL 33324City-St-Zip:PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARIT ORLIN P 06/15/2006