PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 28 AM 8:59

DOCUMENT # P04000083807

1. Corporation Name
SER-ZU-YO'S, INC.

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
3005 Ridgeway Ave	P.O. BOX 6608
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State W.P.B.	City & State W.P.B. FL.
Zip 33405 Country U.S.A	Zip 33405 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 5/27/04

5. FEI Number #55-0871786 ☐ 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: YOVANA ALVAREZ

Street Address (P.O. Box Number is Not Acceptable): 3005 RIDGEWAY AVE.

Suite, Apt. #, Etc.: N/A

City: West PALM Beach | State: FL | Zip Code: 33405

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: Yovana Alvarez — REGISTERED AGENT MUST SIGN — Date: 2/22/06

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/D	SERGIO ALVAREZ	3005 Ridgeway Ave.	W.P.B. FL. 33405
V/T/S/D	YOVANA ALVAREZ	3005 Ridgeway Ave.	W.P.B. FL. 33405

B 3/31/06

REINSTATEMENT DS-06

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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: Yovana Alvarez / YOVANA ALVAREZ — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/22/06 — Daytime Phone #: (561) 655-4424

PAGE #3

Letter Stating Non-Receipt.

Department of State
Division of Corporations:

I here by, Recvest that the fee of Reinstatement of the corporation, may be waived, because, we did not Receive the annual report Notices in the year of dissolution/revocation, of SER-ZU-YO'S, INC.
3005 Ridgeway Ave.
W.P.B. Fl. 33405.... Which This our principal Address but we had to have A Mailing Addres do to My mother's mental condition she will pick-up the mail out of The mail box and everything disapera; so in July, 2004 we STAR Reciving All our mail AT the P.O. Box 6608, W.P.B. Fl. 3340:

over →

AND maybe do to the change that is Why that ANNUAL Report NEVER got TO US.

Thank you, FOR your helps in this matter.

Yovana Alvarez
Vice-P/T/S/D of Corp.

YOVANA ALVAREZ
SERGIO ALVAREZ
PO BOX 6608
WEST PALM BEACH FL 33405-0000
PH: (561) 655-4424