(((H08000127467 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 MAY 12 AM 10:26

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT # P05000055825

1. Corporation Name

SER EXPRESS, CORP

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9737 NW 41 ST	9737 NW 41 ST
Suite, Apt. #, etc. #266	Suite, Apt. #, etc. #266
City & State DORAL FL	City & State Doral, FL
Zip 33178 Country USA	Zip 33178 Country US

4. Date Incorporated or Qualified To Do Business In Florida: 04/15/2005

5. FEI Number: 26-2496320 ☐ 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: LEONILA N ACOSTA

Street Address (P.O. Box Number is Not Acceptable): 9737 NW 41 ST

Suite, Apt. #, Etc.: #266

City: DORAL State: FL Zip Code: 33178

☑ 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: Leonila N. Acosta Date: _____
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	LEONILA N ACOSTA	9737 NW 41 ST #266	MIAMI FL 33178
VP	LAZARO ALVAREZ	9737 NW 41 ST #266	MIAMI FL 33178
		REINSTATEMENT 07-08 TB 5/14/08	

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: Leonila N. Acosta Leonila N. Acosta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PPYC 2W2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000127467 3)))

H08000127467 3ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305)406-3800
Fax Number : (305)406-3999

CORPORATION REINSTATEMENT

SER EXPRESS, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	[redacted]

$300.00

Thank You!

Electronic Filing Menu Corporate Filing Menu Help