

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Apr-10-12

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 MAR 22 PM 1:21

SECRETARIAL DATE  
TALLAHASSEE, FLORIDA

300095164609  
03/28/07--01036--025 \*\*300.00

CR2E081 (12/05)

DOCUMENT # P05000075543

1. Corporation Name

SERRATO & ASOCIADOS, INC.

2. Principal Office Address

16424 SW 67 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33193

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-2918121

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

NORMA SERRATO

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

16424 SW 67 TERR

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

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

*Norma Serrato*

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	NORMA SERRATO	16424 SW 67 TERR	MIAMI FL 33193

REINSTATEMENT

B 3/22/07  
06-07

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:

*Norma Serrato*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #


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Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2006-2007 or any other notice from the Division of Corporations in respect with the Corporation **SERRATO & ASOCIADOS, INC.**

Thank you for your courtesy in this matter.

  
\_\_\_\_\_  
NORMA SERRATO  
PRESIDENT