

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000108101

1. Corporation Name

Serpa's Maintenance Plus, Inc.

2. Principal Office Address - No P.O. Box #

903 Bunker Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

903 Bunker Rd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

Country

33405

USA

Zip

Country

33405

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

August 2, 2005

5. FEI Number

20-3261725

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Haydee Perez

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

6415 S. Dixie Highway

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33405

100286776971
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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

Haydee Perez

REGISTERED AGENT MUST SIGN

Date 6/7/16

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	Ramon Serpa	903 Bunker Road	West Palm Beach, FL 33405
			S. HAWKES
	REINSTATEMENT		JUN 17 AM
	2013		EXAMINER

10. E-mail Address: cubanita1967@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ramon Serpa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/16

Date

561-568-2558

Daytime Phone #