



2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000096421 1. Entity Name SERDIMA HOME INSPECTIONS, INC.						FILED 08 MAY 23 AM 11:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9919 W OKEECHOBEE RD APT 138A HIALEAH GARDENS, FL 33016				Mailing Address 9919 W OKEECHOBEE RD APT 138A HIALEAH GARDENS, FL 33016			
2. Principal Place of Business - No P.O. Box # 1835 W FLAGLER ST		3. Mailing Address 1835 W Flagler St		 REINSTATEMENT 07-08 04302008 REIN-P CR2E098 (1/07)			
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201					
City & State MIAMI FL		City & State Miami FL		4. FEI Number 20-5276343		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33135		Country USA		Zip 33135		Country USA	
6. Name and Address of Current Registered Agent MARRERO, MARCOS 9919 W OKEECHOBEE RD APT 138A HIALEAH GARDENS, FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Marcos Marrero</i></u> 04/30/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MARRERO, MARCOS 9919 W OKEECHOBEE RD APT 138A HIALEAH GARDENS, FL 33016			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST VICTOR CABRERA 1835 W Flagler St #201 MIAMI FL 33135		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							