

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 MAY 13 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025684

1. Corporation Name

SERVIMORE GROUP, INC.

Principal Place of Business

Mailing Address

17801 SW 46 STREET

FT. LAUDERDALE, FLORIDA 33331

If above addresses are incorrect, please line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

ABOVE

3. New Mailing Office Address, If Applicable

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

96-9700

4. Date Incorporated or Qualified  
To Do Business in Florida

12/31/95

5. FEI Number

65-0586861

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	ORLANDO FERNANDEZ	17801 SW 46 STREET	FL. FT. LAUDERDALE 33331
	SEN. ROGER B. GREEN	10300 SW 72 STREET	MIAMI, FLA 33173

100002181711--8  
-05/16/97--01097--017  
\*\*\*923.75 \*\*\*923.75

8. Name and Address of Current Registered Agent

ORLANDO VIAN FERNANDEZ  
17801 SW. 46 STREET  
FT. LAUDERDALE, FL 33331

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

4/24/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(l), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Date

Daytime Phone #

954-351-3004

CR2E040 (12/96)