

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

REINSTATEMENT

96-9700

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable ABOVE		3. New Mailing Office Address, If Applicable ABOVE		4. Date Incorporated or Qualified To Do Business in Florida 12/31/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0586861	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
	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

9. Name and Address of New Registered Agent

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

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

954-4/24/97 351-3004
 Date Daytime Phone #

CR2E040 (12/96)