

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

96 NOV 27 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000085485**

1. Corporation Name

SERTER USA CORPORATION

Principal Place of Business

Mailing Address

4539 SW 75 AVENUE
MIAMI FL 33155

4539 SW 75 AVENUE
MIAMI FL 33155

4539 SW 75 AV.
MIAMI, FL 33155

4539 SW 75 AV.
MIAMI, FL 33155

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



REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

52-1984468

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVST	MORALES, ANGEL	4539 SW 75 AVENUE	MIAMI FL 33155
	MORALES ANGEL	4539 SW 75 TH AVE.	MIAMI, FL 33155
			100002019181--2 -12/04/96--01042--010 *****375.00 *****375.00
			DB11-27-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORALES, ANGEL
4539 SW 75 AVENUE
MIAMI FL 33155

4539 SW 75TH AVENUE
MIAMI, FL 33155

Name

ANGEL MORALES

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

4539 SW 75TH AVE.

Suite, Apt. #, Etc.

PHONE (305) 269 9400

City

MIAMI

State

Zip Code

FL

33155

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

Angel Morales

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-05-96

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)(i), 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:

Angel Morales
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-05-96 (305) 269 9400
Date Daytime Phone