

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 4804 S.W. 75 AVENUE MIAMI FL 33155 4539 SW 75 AV. MIAMI FL 33155	Mailing Address 4804 S.W. 75 AVENUE MIAMI FL 33155 4539 SW 75 AV MIAMI, FL 33155
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT *au*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/07/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 52-1984468	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
PVST	MORALES, ANGEL	MIAMI FL 33155	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 4804 S.W. 75 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 FL Zip Code 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** Date **11-05-96**
REGISTERED AGENT MUST SIGN

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** Date **11-05-96** (305) **269 9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #