PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000092185**

1. Corporation Name

SERCAS & SONS, INC.

FILED

03 OCT 15 AH 9: 40

SECRETARY OF STATE FALLAHASSEE, FLORIDA

Principal P	lace of Busine	Mailing Addr	Mailing Address								
				P.O BOX 3037 BOYNTON BEACH FL 33424							
		incorrect in any way, line t					n.	instatem	ient <u>o</u> z		
New Principal Office Address, If Applicable New Mail					ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 12/04/1995			
Suite, Apt. #, etc. Suite, Apt. #				, etc.			5. FEI Number		Applied For		
City & State City & State							59-3345767 Not Applicable				
Zip		Country Zip		Country		,	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corpora	tions must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
D	CASAINE, SERGIO JR			% 13 MEADOWS PARK LANE				BOYNTON BEACH FL 33436			
D	CASAINE, FRANK P			% 13 MEADOWS PARK LANE				BOYNTON BEACH FL 33436			
S	CASAINE, HAYDEE L			13 MEADOWS PARK LANE			<u></u>	BOYNTON BEACH FL 33436			
							30 107167	00238653 0301092010	73 **150.00		
				<u> </u>		 _					
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name					
CASAINE JR, SERGIO											
13 MEADOWS PARK LANE					Street Address (P.O. Box Number			is Not Acceptable)	(!		
BOYNTON BEACH FL 33436					Suite, Apt. #, Etc.						
				City				State Zip Code			
10. I, being Signature of Registered	ıf Ç	e registered agent of the at	in	oration, am f	amiliar wil	th and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.0509 Date 10-13-03			
	<u></u>		REGISTERED AG	ENT MUST	SIGN			·			
11. I certify	that I am an c	fficer or director or the rec	eiver or trustee er	npowered to	execute t	this application as p	rovided for in cha	pter 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

SIGNATURE:

Sergio Casaine r SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-13-03

(561) 969-6684

Daytime Phone #

$S_{ERCAS} \& S_{ONS, INC.}$ A TRANSPORTATION SOLUTION

October 13, 2003

Florida Department Of State
Division of Corporations
Annual Report/Reinstatement section
PO Box 6327
Tallahassee, Florida 32314-6327

RE: Application For Reinstatement Sercas & Sons, Inc. 59-3345767

Dear Sir/Madam:

Please be advised that I did not receive the UBR notice for this year.

Very respectfully, we are applying for reinstatement and submitting the corresponding filing fee for your consideration. Please rest assured that should we not receive the UBR notices in the future, I will contact your office in order to avoid a repeat of this situation.

Attached please find check number 2143 in the amount of \$150.00, "Filing Fee".

Your consideration will be greatly appreciated.

Sincerely.

Sergio Casaine, Jr.

Procident

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