

CAPITAL CONNECTION

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01/26 '98 02:23 NO.204 02/03

COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN 28 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

996000009161

1. Corporation Name

Sarexim, Inc.

Principal Place of Business

Mailing Address

1698 34th Street North
St. Petersburg, Florida 33713-5441

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

1/26/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3358010

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

SB 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
P/D	Maly Keo	10571 37th Street No.	Clearwater, FL 34622
			500002420625--7 02/03/98 01105-006 ***908.75 ***908.75

REINSTATEMENT 97-98
5C 1-29-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Maly Keo
10571 37th Street North
Clearwater, FL 34622

Name
Lee Haas
Street Address (P.O. Box Number is Not Acceptable)
19321-C U.S. 19 North
Suite, Apt. #, Etc.
401
City
Clearwater
State
FL
Zip Code
33764

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

REGISTERED AGENT MUST SIGN

Date 1/27/98

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 118.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/98 573-9293
Date Daytime Phone