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**
98 FEB 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000038467**

1. Corporation Name

**SERALUCE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 625 5TH AVENUE SOUTH<br>NAPLES FL 33940 | 625 5TH AVENUE SOUTH<br>NAPLES FL 33940 |

**REINSTATEMENT** 97-98

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 |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. P.O. Box 415 |
| City & State | City & State NAPLES FL |
| Zip / Country | Zip 34102 / Country COLLIER |

4. Date Incorporated or Qualified To Do Business In Florida: 04/29/1996

5. FEI Number: 65-0662897 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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)

| 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 |
|---|---|---|---|
| PRES | PETER MARTIN | 2734 FOUNTAIN VIEW CIR. #208 | NAPLES, FL. 34109 |
| | | | 3/3/98 |
| | | | |
| | | | 900002452199-- 0<br>-03/10/98--01046--005<br>****708.75 ****708.75 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

**MARTIN, PETER**
**625 5TH AVENUE SOUTH**
**NAPLES FL 33940**

9. Name and Address of New Registered Agent

Name: PETER MARTIN
Street Address (P.O. Box Number is Not Acceptable): 2734 FOUNTAIN VIEW CIR.
Suite, Apt. #, Etc.: 208
City: NAPLES, FL. State: FL Zip Code: 34105

CR2E040 (6/97)

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: Peter Martin — Date: 2-26-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:** PETER MARTIN Peter Martin — 2-26-98 — 566-2414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #