

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2



FLORIDA DEPARTMENT OF STATE  
Katherine B. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 28 AM 9:29

DOCUMENT # PALE000057543

Corporation Name

SERGE OHAYON & ASS., INC

1. Principal Office Address

2 South Biscayne Blvd.

3. Mailing Office Address

2 South Biscayne Blvd

Suite, Apt. #, etc.

# 104

Suite, Apt. #, etc.

\* 104

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Champs Elysees

5. FEI Number

65-0678555

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Serge OHAYON

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

11767 So. Dixie Hwy

Suite, Apt. #, Etc.

# 335

City

MIAMI

State

FL

Zip Code

33156

4000004630254--9

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\*\*\*158.75 \*\*\*158.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

Sept 25/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.T.S	Serge OHAYON	11767 So. Dixie Hwy * 335	MIAMI - FL - 33156

SP

10. 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:

Serge OHAYON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 25/01

Date

Daytime Phone #

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# Serge Ohayon & Associates

2 S. Biscayne Blvd, Suite 104, Miami, FL 33131

September 24, 2001

Florida Department Of State  
Division of Corporations  
409 East Gaines Street,  
Tallahassee, FL 32399

**Re: Document # P96000057543**

Dear Madam/Sir

As per our phone conversation of today, I would like to request a waiver of the penalties associated with the reinstatement of my corporation. As mentioned, I was out of the country and my secretary overlooked the expiration date on the renewal from.

I would appreciate you accepting the enclosed check in the amount \$ 158.75 for reinstatement of my corporation document number P96000057543.

Thank you mailing me a Certificate of Status and you for your favorable consideration of my request.

Sincerely,

Serge Ohayon,  
President,  
Serge Ohayon & Associates, Inc.

