


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
04 MAY 27 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059612

1. Corporation Name
SERNAS MACHINING, INC.

3100 NW BOCA RATON BLVD
3100 NW BOCA RATON BLVD

2. Principal Office Address
3100 NW BOCA RATON BLVD

Suite, Apt. #, etc.
220

City & State
BOCA RATON, FL

Zip
33431

Country
USA

3. Mailing Office Address
3100 NW BOCA RATON BLVD

Suite, Apt. #, etc.
220

City & State
BOCA RATON, FL

Zip
33431

Country
USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/07/1997

5. FEI Number
65-0764372

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
ALVARO SERNA

Street Address (P.O. Box Number is Not Acceptable)
20950 VIA AZALEA

Suite, Apt. #, Etc.
3

City
BOCA RATON

State
FL

Zip Code
33421

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

Alvaro Serna

Date 5-6-04

REGISTERED AGENT MUST SIGN

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	ALVARO SERNA	20950 VIA AZALEA #3	BOCA RATON, FL 33421

900037341929
05/26/04--01051--006 **300.00

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:

Alvaro Serna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-6-2004 (561)

Daytime Phone #

CR2E081 (01/04)

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**SERNAS MACHING, INC.
3100 NW BOCA RATON BLVD. # 220
BOCA RATON, FL 33431**

May 6, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

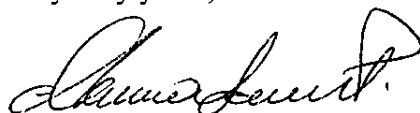
Dear Sir or Madam:

Enclosed you will find the application for reinstatement for Sernas Machining, Inc., document number P97000059612. I am requesting that the reinstatement fee be waived because I did not receive the annual report form in 2003 and 2004. I am also enclosing a check for \$300.00, which covers the annual fee for 2003 and 2004.

Please accept this application and reinstate the corporation.

Thank you for your time and consideration.

Very truly yours,



Alvaro Serna
President