PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 23 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000095745

1. Corporation Name
SEREZ CORPORATION

800008352828--3
-10/14/02--01021--001
****758.75 ****758.75

2. Principal Office Address	3. Mailing Office Address
7901 NW 67 STREET	7901 NW 67 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33166 Country: US	Zip: 33166 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 11/07/1997

5. FEI Number: 65-0810784 ☐ 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: ORDONEZ, RICARDO

Street Address (P.O. Box Number is Not Acceptable): 7901 NW 67 STREET

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33166

REINSTATEMENT 2002

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: R. ORDONEZ
REGISTERED AGENT MUST SIGN

Date: 10/24/2002

(1/96) 1CER2RO

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	FERNANDO SERRANO	14745 SW 147TH COURT	MIAMI, FL 33196
VP	RICARDO ORDONEZ	10815 SW 112TH AVE, #108	MIAMI, FL 33176
S	IVETTE SERRANO	14745 SW 147TH COURT	MIAMI, FL 33196

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 incidental items 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-02
Date

(305)5940415
Daytime Phone #