

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000098181**

1. Corporation Name

SERVIMA OF AMERICA, INC.

Principal Place of Business

1300 S. SEMORAN BLVD.
ORLANDO FL 32807

Mailing Address

1300 S. SEMORAN BLVD.
ORLANDO FL 32807

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

2. New Principal Office Address, If Applicable:

6220 S. ORANGE BLOSSOM TR.
Suite, Apt. #, etc.
608

City & State
ORLANDO, FL 32809

Zip
32809

Country
USA

3. New Mailing Office Address, If Applicable:

6220 S. ORANGE BLOSSOM TR.
Suite, Apt. #, etc.
608

City & State
ORLANDO, FL 32809

Zip
32809

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1997

5. FEI Number

59-3479752

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number)	City / State / Zip
1	2	3	4
PD	FIGARI, ROLANDO ↳ FIGARI	1300 S. SEMORAN BLVD.	ORLANDO FL 32807
SVD	KEEN, LIA C	1300 S. SEMORAN BLVD.	ORLANDO FL 32807

8. Name and Address of Current Registered Agent

MAHON, TIMOTHY K
2929 EAST COMMERCIAL BLVD.
PENTHOUSE "E"
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name **ROLANDO FIGARI**
Street Address (P.O. Box Number is Not Acceptable)
6220 S. ORANGE BLOSSOM TR.
Suite, Apt. #, Etc
SUITE # 608
City
ORLANDO
State
FL
Zip Code
32809

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 **03/23/1999**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROLANDO FIGARI

03/23/99 407-850-3900
Date of Filing