

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 AUG -7 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000012992

1. Corporation Name

SERINEX CORPORATION

2. Principal Office Address - No P.O. Box #

431 NE 143 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33161

Country

USA

3. Mailing Office Address

P.O. BOX 610877

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33162

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0826737

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

SEAN ROBERTS

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

431 NE 143 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33161

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Sean Robert*

Date

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
DPT	SEAN ROBERTS	P.O. BOX 610877	MIAMI FL 33162
S	SHARON ISAAC	P.O. BOX 610877	MIAMI FL 33162
D	STACY ROBERTS	P.O. BOX 610877	MIAMI FL 33162
VP	WOLETE CHAIA	P.O. BOX 610877	MIAMI FL 33162
		RH	300107440993 08/07/07--01028--007 **1900.00
	REINSTATEMENT	08-07	

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 contained in Chapter 119, 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:

*Sean Robert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #