

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000025713

1. Corporation Name

SERFINEX INTERNATIONAL COMPANY

Principal Place of Business

Mailing Address

175 FONTAINEBLEAU BLVD.  
SUITE 202  
MIAMI FL 33172

175 FONTAINEBLEAU BLVD.  
SUITE 202  
MIAMI FL 33172

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

2. New Principal Office Address, if Applicable

175 FONTAINEBLEAU BLVD.

Suite, Apt. #, etc.

202

City & State

MIAMI, FL

Zip

33172

Country

U.S.A.

3. New Mailing Office Address, if Applicable

16768 GOLFVIEW DR.

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33326

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

03/19/1998

5. FEI Number

65-0826636

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	UMANA, MARIA G	175 FONTAINEBLEAU BLVD. SUITE 202	MIAMI FL 33172
<del>BYD</del>	<del>PETERS, CHARLES</del> <i>N/A</i>	<del>175 FONTAINEBLEAU BLVD. SUITE 202</del> <i>N/A</i>	<del>MIAMI FL 33172</del> <i>N/A</i>
SVD	MARIA G. GONZALEZ	4420 N.W. 105 TERR. CORAL SPRINGS, FL.	CORAL SPRINGS, FL. 33065
			300003038523--8
			-11/08/99-01117-017
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name  
MARIA G. GONZALEZ  
Street Address (P.O. Box Number is Not Acceptable)  
440 N.W. 105 TERR.  
Suite, Apt. #, Etc.

City  
CORAL SPRINGS, FL.

State

FL

Zip Code

33065

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

*Maria G. Gonzalez* REQUIRED

Date *10/25/99*

REGISTERED AGENT MUST SIGN

11. 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:

*Maria G. Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*10/25/99 (954) 755-9057*

Daytime Phone #

Miami, October 16, 1999.

Katherine Harris

Secretary of State, Division of Corporations  
Department Of State  
Florida.

Ref: Document # P98000025713

Dear Secretary of State, Division of Corporations:

As we mention by phone, I receive a Notice of Administrative Dissolution or Revocation Note without having got any letter before, because the Suite number that you have is wrong.

Please, correct this address to:

16768 Golfview Dr.  
Weston, Fl. 33326

Also I want to change the SVD Charles Peters for this person:

Maria G. Gonzalez

Her address and Social Security are:

4420 N.W. 105 Terr.  
Coral Springs, Fl. 33085

S.S.: 584-56-3114

Enclose you will find a check for \$150.00 for the renovation of the corporation.

I appreciate your attention to this letter.

Sincerely yours,

*Maria G. Gonzalez*  
Maria G. Gonzalez



*Gloria J. Cepeda*