

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -1 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025713

1. Corporation Name

SERFINEX INTERNATIONAL COMPANY

REINSTATEMENT 01-03

2. Principal Office Address		3. Mailing Office Address		4. Date Incorporated or Qualified To Do Business in Florida	
175 FOUNTAINBLEAU BLVD		175 FOUNTAINBLEAU BLVD		03/19/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
2J5		2J5		65-0826636	
City & State		City & State		Applied For	
MIAMI / FL		MIAMI / FL		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33172	USA	33172	USA		

7. Name and Address of Current Registered Agent

Name	
GISELLE VILLALOBOS	
Street Address (P.O. Box Number is Not Acceptable)	
175 FOUNTAINBLEAU BLVD	
Suite, Apt. #, Etc.	
2J5	
City	State Zip Code
MIAMI	FL 33172

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03/26/03 01004 029 **1050.00

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

Giselle Villalobos

REGISTERED AGENT MUST SIGN

Date

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 Officers and/or Director	City/State/Zip
PD	GISELLE VILLALOBOS	175 FOUNTAINBLEAU BLVD	MIAMI, FL 33172
		SUITE 2J5	

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:

Giselle Villalobos

GISELLE VILLALOBOS

03/07/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25 5/5