

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

99-2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076017

1. Corporation Name

SERPLS, INC.

2. Principal Office Address

416 COMMERCE WAY

Suite, Apt. #, etc.

SUITE 150

City & State

LONGWOOD, FL

Zip

32750

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified  
To Do Business in Florida.

5. FEI Number

52-2125187

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

TIM BAILEY

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

150 GEM LAKE DR.

Suite, Apt. #, Etc.

City

MAITLAND

State

FL

Zip Code

32751

300003130273-7

-02/10/00--01004--008

\*\*\*\*900.00 \*\*\*\*900.00

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

*Tim Bailey*  
REGISTERED AGENT MUST SIGN

Date 1-20-2000

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
PRES/D	TIM BAILEY	150 GEM LAKE DR	MAITLAND, FL 32751
SECY/D	LAUREN HORAK	150 GEM LAKE DR	MAITLAND, FL 32751

RE

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:

*Tim Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000

Date

407-830-0336

Daytime Phone #

CR2E061 (9/99)