

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 17 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000106677**

1. Corporation Name

**SERTOM INC.**

2. Principal Office Address

**2701 SW 137 AVE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33175**

Country

**USA**

3. Mailing Office Address

**2701 SW 137 AVE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33175**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**MARCH 2000**

5. FEI Number

**65-0187920**

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

**SERGIO SANTINATO**

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

**11346 SW 84 LANE**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33173**

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

Date **12/12/02**

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
P	TOM MORRILL	9737 N.W 41st street #209	MIAMI, FL 33178
V	SERGIO SANTINATO	11346 SW 84 LANE	MIAMI, FL 33173

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/02

Date

305-559-0043

Daytime Phone #

CR2E081 (9/01)

December 12, 2002

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

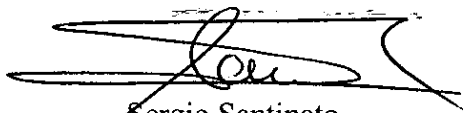
Dear Division of Corporation:

We are writing this letter in order to reinstate our company in your system.

Our company Sertom Inc. is currently inactivated because of lack of payment. The reason that you did not receive our payment is because we never received the Uniform Business Report to renew our company. We think the reason that we did not receive the form is because the mailing address in your records was incorrect.

We are sending attached a Uniform Business Report (printed from the internet) and a check for \$150.00 in order for you to reinstate our company.

Sincerely,



Sergio Santinato  
Sertom Inc.