

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S24285

1. Corporation Name

SERENITY INTERNATIONAL INC.

Principal Place of Business

4015 BAYSHORE BLVD.
SUITE 14-D
TAMPA FL 33611

Mailing Address

4015 BAYSHORE BLVD.
SUITE 14-D
TAMPA FL 33611

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/09/1991

5. FEI Number

59-3051563

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	RILEY, ROXANNE	4015 BAYSHORE BLVD STE 14-D	TAMPA FL 33611
CEO	CHURCH, W. EDWARD	4015 BAYSHORE BLVD STE 14-D	TAMPA FL 33611

8. Name and Address of Current Registered Agent

CHURCH, W. EDWARD
4015 BAYSHORE BLVD.
SUITE 14-D
TAMPA FL 33611

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

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:

Walter E. Church
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
02 NOV 11 9:20 AM
TALLAHASSEE, FLORIDA
CRISTEN



02 NOV 12
TALLAHASSEE, FL

400008941434
11/12/02--01122--006 **150.00

CR2E040 (8/02)



November 4, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

Greetings,

This is to confirm that we did not receive any Uniform Business Report. This may have been due to our office is located in a building which they have converted many offices into apartments. The US Postal Service said they were changing the location address to unit apartment number. We're on 14-D. We said that our unit was not an apartment and was listed as a Suite when we moved in in 1998, and they cannot unilaterally change our address because all of our letterhead, business cards etc.

Well, we're still not getting all of our mail but we will not agree to the address change. If you could send out the Uniform Business Report by registered mail you could confirm everything.

4015 Bayshore Blvd.

Suite 14-D Enclosed is a check for \$150.00 and thank you for informing us
Tampa, Florida that we can reinstate swiftly.

33611

Sincerely,

Tel/Fax

(813) 837-1998

Edward Church
Chief Executive Officer

(1) Check \$150.00