

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 AUG 28 PM 1:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 100479
 1. Corporation Name
 Serrinetta Holdings, Inc.

400002630424--2
 -09/01/98--01068--005
 ***1200.00 ***1200.00

Principal Place of Business Mailing Address
 c/o Richard A. Jacobson 501 E. Kennedy Blvd. Suite 1700
 P.O. Box 1438 Tampa, FL 33602
 Tampa, FL 33601

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

REINSTATEMENT 96-98

2. New Principal Office Address, If Applicable 10650 Poplar Avenue		3. New Mailing Office Address, If Applicable 10650 Poplar Avenue		4. Date Incorporated or Qualified To Do Business in Florida 12/16/91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3135115	
City & State Fontana, California		City & State Fontana, California		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
Zip 92337	County Humboldt <u>SAN Bernardino</u>	Zip 92337	Country USA <u>USA</u>	Applied For Not Applied For	

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	Doug Rowe	10650 Poplar Avenue	Fontana, CA 92337
Vice President	Gary Reid	1340 SW 34th Avenue	Deerfield Beach, FL 33442
Sec./Treas.	Pat Cowan	10650 Poplar Avenue	Fontana, CA 92337

8. Name and Address of Current Registered Agent Valdes-Fauli Corporate Services, Inc. 777 Flagler Drive Suite 500 East West Palm Beach, FL 33401		9. Name and Address of New Registered Agent Name Gary Reid Street Address (P. O. Box Number is not Acceptable) 1340 SW 34th Avenue Suite, Apt. #, Etc. City Deerfield Beach State FL Zip Code 33442	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.505, F.S.
 Signature of Registered Agent: [Signature] v.p. Date: 8-25-98
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute the 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] v.p. Date: 8-25-98 Daytime Phone #: 854-4215 2099
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR