

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.

Principal Place of Business

c/o Richard A. Jacobson  
P.O. Box 1438  
Tampa, FL 33601

Mailing Address

501 E. Kennedy Blvd. Suite 1700  
Tampa, FL 33602

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

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 Suite, Apt. #, etc. City & State Fontana, California Zip 92337 County <b>SAN BERNARDINO</b> <b>Humboldt</b>		3. New Mailing Office Address, If Applicable 10650 Poplar Avenue Suite, Apt. #, etc. City & State Fontana, California Zip 92337 Country <b>USA</b>		4. Date Incorporated or Qualified To Do Business in Florida 12/16/91	
5. FEI Number 59-3135115		Applied For <input type="checkbox"/> Not Applied For		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>25.75 Additional Fee required for a Certificate of Status</b>	

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	9. Name and Address of New Registered Agent
Valdes-Fauli Corporate Services, Inc. 777 Flagler Drive Suite 500 East West Palm Beach, FL 33401	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

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 # 954-421-2077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR