

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JAN -7 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V32601

1. Corporation Name

SERVIEX, INC.

Principal Place of Business

11321 SW 145TH AVENUE
MIAMI FL 33186

Mailing Address

11321 SW 145TH AVENUE
MIAMI FL 33186



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

04/27/1992

5. FEI Number

65-0332199

Applied For

Not Applicable

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
PST	DANIES, ALBERTO	11321 SW 145TH AVE	MIAMI FL
D	DANIES, ALBERTO	11321 SW 145TH AVE	MIAMI FL

300003096863--7
-01/13/00--01003--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

DANIES, ALBERTO
11321 S.W. 145TH AVENUE
MIAMI FL 33186

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

DEC. 20/99

CR2E040 (8/99)

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DEC 20/99

Daytime Phone #

SERVIEX INC.

EXPORT & IMPORT

11321 S.W. 145 AVE. MIAMI, FLORIDA 33186
PHONE: (305) 385-6456 FAX: (305) 385-4331
E-MAIL: SERVIEXINC@AOL.COM

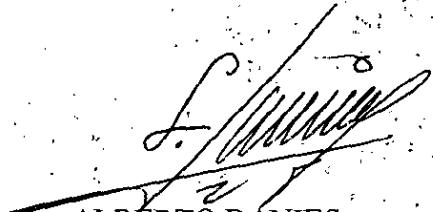
December 20, 1999

FLORIDA DEPT. OF STATE
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314
ATTN: MRS. MICHELLE MICHIGAN

According our telephone conversation, I'm sending to you the amount of US \$ 150,00 regarding to the Profit Corporation Annual Report of Serviex Inc, Document V32601, FEI-65-0332199 (Alberto Danies).

I want to thank you in advance for your cooperation on this matter, because I explained to you that could not time this year. Because I was kidnapped in Colombia.

Sincerely,



ALBERTO DANIES
SERVIEX INC.