

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 11 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02



400009476104
12/12/02--01013--007 **150.00

DOCUMENT # **K81478**

1. Corporation Name

SERGMAR, INC.

Principal Place of Business

MOORINGS PROFESSIONAL BLDG.
2335 TAMIAMI NORTH. STE. 308
NAPLES FL 33940
US

Mailing Address

MOORINGS PROFESSIONAL BLDG.
2335 TAMIAMI NORTH. STE. 308
NAPLES FL 33940
US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida		04/17/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		65-0120916		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BIRSA, SERGIO	2881 SANTA BARBARA BLVD.	NAPLES FL 34116
VD	BIRSA, MARIAN	2881 SANTA BARBARA BLVD.	NAPLES FL 34116

100009159171
11/22/02--01004--016 **600.00

8. Name and Address of Current Registered Agent

RANKIN, DOUGLAS L.
MOORINGS PROFESSIONAL BLDG.
2335 TAMIAMI NORTH, STE. 308
NAPLES FL 33940

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~~

REGISTERED AGENT MUST SIGN

Date

12/3/02

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

MARIAN BIRSA

Date

11/18/02

Daytime Phone #

235-353-1444

CR2E040 (8/02)