

FILED

13 AUG 13 AM 9:01

PLEASE READ ALL INSTRUCTIONS BEFORE COM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F01000000233					
1. Corporation Name					
Somerset Eagle Corporation					
2. Principal Office Address - No P.O. Box #			3. Mailing Office Address		
5005 LBJ Freeway			5005 LBJ Freeway		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
Suite 1130			Suite 1130		
City & State			City & State		
Dallas, Texas			Dallas, Texas		
Zip	Country	Zip	Country	4. Date incorporated or qualified to do business in Florida	
75244	USA	75244	USA	01/18/2001	
5. FEIN Number				Applied For	
22-3079725				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED				\$8.75 Additional Fee required for a Certificate of Status	
Yes					
7. Name and Address of Current Registered Agent					
Name					
CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable)					
1200 S. Pine Island Road					
Suite, Apt. #, etc.					
City					
Plantation					
State					
FL					
Zip Code					
33324					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0905 or 617.0503, F.S.					
Signature of Registered Agent <u>Jordan Brown</u> Asst. Secretary Date <u>8/12/2013</u>					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PCD	Abdulla Abdo Saeed	Two Kingsmill Terrace		London NW86AA England	
VSD	Dirham Abdo Saeed	Two Kingsmill Terrace		London NW86AA England	
TD	Mohamed Abdo Saeed	Two Kingsmill Terrace		London NW86AA England	
AUG 13 2013 REINSTATEMENT					
I SCOTT					
10. E-mail Address: <u>abdo@conreal.com</u>					
(To be used for future annual report notification)					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.					
SIGNATURE: <u>Dirham Abdo Saeed</u> 8/12/2013					
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR					
DIRHAM ABDO SAEED					

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000179078 3)))



H130001790783ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.**

To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
SOMERSET EAGLE CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00

Electronic Filing Menu

Corporate Filing Menu

Help