

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000001969

1. Corporation Name

SAMOT INVESTMENTS CORPORATION

Principal Place of Business

ELENA C. TAULER, ESQ.
201 SEVILLA AVE., STE. 203
CORAL GABLES FL 33134

Mailing Address

ELENA C. TAULER, ESQ.
201 SEVILLA AVE., STE. 203
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through it, correct 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

REINSTATEMENT

QB 99

4. Date Incorporated or Qualified To Do Business in Florida

04/15/1997

5. FEI Number *65 0793 913*
APPLIED FOR

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
C	HAULTON, GLENFORD	MIRIAM HOUSE, 5 LOZACK RD., BASS	KN 0450, ST. KITTS, W INDIES
C	ESCHER, JOSEPH	MIRIAM HOUSE, 5 LOZACK RD., BASS	KN 0450, ST. KITTS, W INDIES
PD	TOMAS, J.E. DR.	MIRIAM HOUSE, 5 LOZACK RD., BASS	KN 0450, ST. KITTS, W INDIES
V	TAULER, ELENA C	201 SEVILLA AVE., STE. 203	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

TAULER, ELENA C ESQ.
201 SEVILLA AVE., STE. 203
CORAL GABLES FL 33134

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

Elena C. Tauler

Date *2/15/99*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elena C. Tauler

President

2/15/99

Corporate Phone #

1-305 7310061

CR2040 (9/98)