

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -3 PM 3:53

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J90051

1. Corporation Name

SPECIALTY INT'L INC

2. Principal Office Address

2063 OPA LOCKA BLVD

3. Mailing Office Address

SANJO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA Locka

City & State

FL 33054

Zip

33054

Country

USA

Zip

USA

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-8011115

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

05-06

7. Name and Address of Current Registered Agent

Name

SAMUEL JACK

Street Address (P.O. Box Number is Not Acceptable)

2063 OPA LOCKA BLVD

Suite, Apt. #, Etc.

City

OPA Locka FL

State

FL

Zip Code

33054

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

02/06/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	SAMUEL JACK	9951 S.W 83 rd	MIA FL 33173
V.P.	FABIA JACK	9951 S.W 83 rd	MIA FL 33173
	<i>[Signature]</i>		000070464850 04/14/06--01055--019 **150.00
			000070464850 04/14/06--01055--020 **150.00

10. 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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/06 3056813900

Date

Daytime Phone #

02/20

Dear Mr Drulap.

I have to stoop on my knees to ask for reconsideration of your decision. Almost 3 months our business was shut down between October and February due to wilma damages. Worst of all roofers could not be found to do the roof and it became unsafe to work under such structure. As a result this reinstatement firm could not get to you earlier. PLS help us survive this terrible period. Last year / this year we have incurred a lot of loss almost out of business. This additional loss you are heaping on us would totally finish us.