

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J90051

1. Corporation Name

SPECIALTY INT'L INC

2. Principal Office Address

2063 OPA LOCKA BLVD

Suite, Apt. #, etc.

City & State

OPA LOCKA FL

Zip

33054

Country

U.S.A

3. Mailing Office Address

2063 OPA LOCKA BLVD

Suite, Apt. #, etc.

City & State

OPA LOCKA FL

Zip

33054

Country

U.S.A

FILED

03 JUL -9 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800021407728

07/09/03--01011--014 **150.000

12/4/02 01079 005 150⁰⁰

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT 1987

5. FEI Number

65-0011115

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SAMUEL JACK

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

9951 S.W. 83 ST.

Suite, Apt. #, Etc.

MIAMI FL 33173

City

MIAMI

State

FL

Zip Code

33173

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]

REGISTERED AGENT MUST SIGN

Date

07/1/03

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 ST	MIAMI FL 33173
V. PRES	FABIA JACK	9951 S.W. 83 ST	MIAMI FL 33173

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/1/03 3056813909

Daytime Phone #

MW

CR2E081 (1/02)

42 07/01/03

TO WHOM IT MAY CONCERN

This is to verify that notice of uniform business report for year 2002 and 2003 were not received.

Besides, a check for 2002 was sent to your Office along with a note stating the non receipt of forms.

Enclosed now please find a check for one hundred and fifty dollars for 2003.

This Office would be highly appreciative if you will waive late fee and penalties.

Yours truly

Samuel J. Jany
P.R.P.