

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003178

1. Corporation Name

EL SAMAN CORPORATION

Principal Place of Business

13531 SW 64TH LANE
MIAMI FL 33183

Mailing Address

13531 SW 64TH LANE
MIAMI FL 33183



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

2. New Principal Office Address, If Applicable

~~EL SAMAN CORPORATION~~

3. New Mailing Office Address, If Applicable

~~EL SAMAN CORPORATION~~

4. Date Incorporated or Qualified To Do Business in Florida

01/09/2001

Suite, Apt. #, etc.

~~6342 MIRAMAR PKWY~~

Suite, Apt. #, etc.

~~6342 MIRAMAR PKWY~~

5. FEI Number

65-1072390

Applied For

Not Applicable

City & State

~~MIRAMAR, FLORIDA~~

City & State

~~MIRAMAR, FLORIDA~~

Zip

~~33023~~

Country

~~USA~~

Zip

~~33023~~

Country

~~USA~~

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 3	City / State / Zip 4
PD	IBARRA, JUAN B RUBERT, JUAN B	13531 SW 64TH LANE 6342 MIRAMAR PARKWAY	MIAMI-FL 33183 MIRAMAR, FL 33023
SD	RUBERT, MIRIAM G	13531 SW 64TH LANE 6342 MIRAMAR PARKWAY	MIAMI-FL 33183 MIRAMAR, FL 33023

700008947517
11/13/02--01015--012 **150.00

8. Name and Address of Current Registered Agent

ZEPPEFELDT, MAURIZIO
13531 SW 64TH LANE
MIAMI FL 33183

5630 SW 80TH ST.
AP. # 209
MIAMI, FL 33193

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

11/05/02

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

JUAN B. RUBERT 954.9660026

Date

Daytime Phone #

CR2E040 (8/02)

El Saman Corporation
6342 Miramar Parkway
Miramar, Florida 33023
954-966-0026

November 6, 2002

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: El Saman Corporation
Document number P01000003178

Dear Sir:

Please be advised that we received a notice of administrative dissolution or revocation on or about November 4, 2002. We did not receive any prior notice to renew our corporation.

Enclosed, please find our check in the amount of \$ 150.00 as requested in your brochure.

In the future, you please notify us at the above-mentioned address.

Thank you for your prompt attention to this matter.

Sincerely,

Juan Rubert
President