

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -2 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000040801**

1. Corporation Name

SAMPUL, INC.

Principal Place of Business

**395 ALHAMBRA CIRCLE SUITE 301
CORAL GABLES FL 33134**

Mailing Address

**395 ALHAMBRA CIRCLE SUITE 301
CORAL GABLES FL 33134**



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

03-0389095

Not Applicable

Zip

Country

Zip

Country

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
D	JALON, GRISelda C	395 ALHAMBRA CIRCLE SUITE 301	CORAL GABLES FL 33134
D, P, Tr	Jalon, Griselda Cecilia	395 Alhambra Circle, Suite 301	Coral Gables, FL 33134
VP, S	Moran, Jorge	395 Alhambra Circle, Suite 301	Coral Gables, FL 33134

8. Name and Address of Current Registered Agent

**RODRIGUEZ, JORGE E
395 ALHAMBRA CIRCLE SUITE 301
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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/27/02

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

12/27/02

Date

305-4774994

Daytime Phone #

CR20040 (8/02)

RODRIGUEZ

LOPEZ-GARCIA, P.A.

Attorneys at Law

Jorge E. Rodriguez

Jorge L. Lopez-Garcia

395 Alhambra Circle, Suite 301
Coral Gables, Florida 33134
Tel (305) 441-2171
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November 19, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Sampul, Inc.
P01000040801

Gentlemen:

On or about April 22, 2002, we completed and mailed the 2002 Uniform Business Report together with a check payable to the Department of State for \$150.00 (see copy enclosed).

We had not heard from you until we received a notice of Administrative Dissolution or Revocation.

We are submitting a completed Application for Reinstatement and respectfully request that you reinstate the subject corporation and waive all penalties and late fees.

Thank you for your cooperation.

Sincerely,

Jorge E. Rodriguez, Esq.
JER/la