

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -6 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000053602

1. Corporation Name

SAPHAREX INTERNATIONAL, INC.

Principal Place of Business

655 IVES DAIRY RD STE 2-401
N MIAMI FL 33179

Mailing Address

655 IVES DAIRY RD STE 2-401
N MIAMI FL 33179

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2001

5. FEI Number

38-3662816

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 3	City / State / Zip 4
DCEO	DIOMANDE, MAMADOU	655 IVES DAIRY RD STE 2-401	N MIAMI FL 33179
P	DIOMANDE, MAMADOU	655 IVES DAIRY RD STE 2-401	N MIAMI FL 33179
V	DIOMANDE, LILA R.	655 IVES DAIRY RD STE 2-401	N MIAMI FL 33179
ST	DIOMANDE, SATI M	655 IVES DAIRY RD STE 2-401	N MIAMI FL 33179

200008836012

11/06/02 01121 019 **150.00

8. Name and Address of Current Registered Agent

DIOMANDE, MAMADOU
655 IVES DAIRY RD STE 2-401
N MIAMI FL 33179

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

CR2E040 (8/02)

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]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02 (305)-657-0874

Monday, October 28, 2002

To Whom It May Concern:

Include is the application for the reinstatement with a check of One Hundred and Fifty Dollars (\$150.00) fees.

I apologize for the delay as I did not get in the mail the 2002 Annual/Uniform Business Report Form.

I am looking forward to hear from you as soon as possible.

Yours truly,

Dr. Mamadou Diomande
President/Ceo
Sapharex International Inc.

A handwritten signature in black ink, appearing to read 'Mamadou Diomande', written over the printed name and title.