

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 3:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000040206**

1. Corporation Name

SAMINA, INC

700023526757
10/03/03--01011--024 **750.00

REINSTATEMENT 03

2. Principal Office Address

274 N. TYNDALL PARKWAY

3. Mailing Office Address

4816 SNAPJACK CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

City & State

NAPERVILLE ILLINOIS

Zip

32404

Country

BAH

Zip

60564

Country

WILL

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-02

5. FEI Number

43-1957089

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

SCOTT B. BARLOGA

Attorney At Law

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

220 MCKENZIE AVE.

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32402

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

Date **9-29-03**

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	GULZAR AHMAD	4816 SNAPJACK CIRCLE	ILLINOIS NAPERVILLE 60564 ILLINOIS

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:

GULZAR AHMAD

PRES 9-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

10/6