

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -3 AM 8:00

DOCUMENT # P.02000067109

1. Corporation Name

SAMANIEGO LARRIVA, INC.

2. Principal Office Address

1530 BIARRITZ DR.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

FL

Zip

Country

33141

Zip

Country

REINSTATEMENT 03

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

6-18-2002

5. FEI Number

02-0623837

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

SUSANA LARRIVA

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

1530 BIARRITZ DR.

Suite, Apt. #, Etc.

City

MIAMI BEACH, FL

State

FL

Zip Code

33141

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

Susana de Samaniego

REGISTERED AGENT MUST SIGN

Date

11/23/03

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
PRESIDENT	SUSANA LARRIVA	1530 BIARRITZ DR	MIAMI BEACH, FL. 33141

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:

Susana de Samaniego

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/03

Date

305538-4797

Daytime Phone #

CR02081 (10/02)

2921

SAMANIEGO LARRIVA, INC.
1530 BIARRITZ DR.
MIAMI BEACH, FL 33141-4722
(305) 864-2032

November 22, 2003

Ruby Dunlap
Document Specialist
Secretary of State
Division of Corporation
409 E. Gaines Street
Tallahassee, Florida 32399

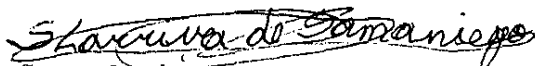
RE: P02000067109

Mrs. Dunlap:

Thanks for your prompt response. As I indicated in my letter dated 10/22/03, we have not received the 2003 UNIFORM BUSINESS REPORT. We assumed that the reason relates to the incorrect address shown in your records. Therefore, we would like to request a waiver to the reinstatement fee and please update your records with the address above mentioned.

If you have any questions, please do not hesitate to contact me at the telephone number afore mentioned

Sincerely,


Susana Larriva
President