

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000017144

1. Corporation Name

Samy Saw Furniture, Inc.

2. Principal Office Address

14612 S.W 46 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

USA

3. Mailing Office Address

14612 S.W 46 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

USA

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

32-0060150

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

Odalis Castro

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

14612 S.W 46 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/11/09

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
P/D	Odalis Castro	14612 S.W 46 ST	Miami, FL 33175
V-P	José A. Peña	14612 S.W 46 ST	Miami, FL 33175

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Odalis Castro

Date

11/11/09 (986) 335-2892

Daytime Phone #

CR2E081 (10/02)

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November 11, 2009

To: Florida Dpt of State
Secretary of State
Divisions of Corporation

From: Samy Sau Furniture, Inc
14612 SW 46th Street
Miami, Florida 33175

FEIN: 32-0060150

To Whom It May Concern:

Hereby, this is to certify, that I did not receive a prior notice for the company's renewal, please waive the penalty and reinstate the above corporation.

Respectfully,

Odalis Castro