

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 NOV 29 PM 2:15

DOCUMENT # P93000026477

1. Corporation Name

Samina Inc.

2. Principal Office Address

~~4765 F. 65th St.~~ Parker  
Blvd. 13400

Suite, Apt. #, etc.

Bldg # 8, Unit 105

City & State

Fort Meyers, FL

Zip

33912

Country

Lee

3. Mailing Office Address

~~4765 F. 65th St.~~ 16465 Rainbow Meadows Ct

Suite, Apt. #, etc.

Fort Meyers, FL

City & State

INDOLES, FL

Zip

33908

Country

Lee

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3178849

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

James S. George Randal L. Mercer

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

~~4765 F. 65th St.~~ 16465 Rainbow Meadows Ct

Suite, Apt. #, Etc.

City

Fort Meyers, FL

State

FL

Zip Code

46220 33908

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

Randal L. Mercer

REGISTERED AGENT MUST SIGN

Date

10/25/06

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
<u>owner/mgr</u>	<u>JAMES S. GEORGE</u>	<u>4765 F. 65th St</u>	<u>INDOLES, FL 46220</u>

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 contained in Chapter 119, 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:

James S. George

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/06

Daytime Phone #

317 418-8773