

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000041161**

1. Corporation Name

SAMAT, INC.

Principal Place of Business

Mailing Address

10480 SUNSET DRIVE
MIAMI FL 33143

10480 SUNSET DRIVE
MIAMI FL 33143



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1993

5. FEI Number

65-0414986

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
V	SUPAVUN, SAMATCHAISRI	11723 SW 110 TERRACE	MIAMI FL 33186
P	SIRINUT, SAMATCHAISRI	11723 SW 110 TERRACE	MIAMI FL 33186

10/29

200024101712

10/27/03--01018--002 **300.00

09/05/03 90112023 250.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAMATCHAISRI, SOMSAK
10480 SUNSET DRIVE
MIAMI FL 33143

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

Date

REGISTERED AGENT MUST SIGN

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 #

10/21/03

CR2E040 (7/03)

RAY M. SHAW
CERTIFIED PUBLIC ACCOUNTANT
7600 RED ROAD, SUITE 206
SOUTH MIAMI, FLORIDA 33143

(305) 665-4926
FAX: (305) 663-6641

October 21, 2003

Division of Corporation
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Samat, Inc.

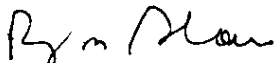
Gentlemen/Mesdames:

This letter is written on behalf of the referenced corporation, which had been notified of its administrative dissolution. The reason for the dissolution was caused by the non-filing in early 2003 of the annual Uniform Business Report. The corporate owners had apparently submitted a report on a late filing basis, having sent a check for \$250 with the late filing. Correspondence from your office dated September 8, 2003, copy enclosed, indicated the need to remit an additional \$300.

The owners of the corporation are from Thailand and do not always readily understand English. They are somewhat elderly and have difficulty comprehending what is written or spoken to them. Thus this letter is being written on their behalf, with a request that the corporate status of Samat, Inc. be reinstated. A check payable to the Florida Department of State in the amount of \$300 is enclosed, along with a completed Application for Reinstatement.

We appreciate your assistance in having cancelled the dissolution of this corporation.

Very truly yours,



Ray M. Shaw

RMS:sw
Enclosures