

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000080412**

1. Corporation Name

SELAM TRADING & Distributing Company

2. Principal Office Address

7556 NW 58th St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 26491

Suite, Apt. #, etc.

City & State

TAMARAC, FL

Zip

Country

33321 BROWARD

City & State

TAMARAC, FL

Zip

Country

33320 BROWARD

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0530208

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

TSEGAYE ALEMU

600024862016

11/19/03--01085--001 **150.00

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

16313 EMERALD CREEK RD

11/19/03--01065--001 **150.00

Suite, Apt. #, Etc.

WESTON

City

**State
FL**

Zip Code

33331

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

11/20/03

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	Tsegaye Alemu	16313 EMERALD CREEK RD	WESTON, FL 33331

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TSEGAYE ALEMU

Date

Daytime Phone #

11/20/03 954-249-6168

CR2E081 (10/02)

11-17-03

FLORIDA Dept. of State
Secretary of State
Division of Corporations


To whom It may Concern:

DEAR MRS. TINA AS I have talked to you
by phone I have not recieved Year
2003 Corporation report application
from your office.

As you can find out from my Corporation
file you have with you, I have been
filing every year on time since
1996.

Please be kind to consider this was
not my fault and accept the reinstatement
report and fee for year 2003 and
reinstate my company active.

Sincerely,


TSEGAYE ALEMU