


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 NOV -3 AM 9:21

DOCUMENT # **P95000004327**

1. Corporation Name
SOMAR EQUIPMENT, INC.

REINSTATEMENT 1997



Principal Place of Business 2960 NW 73 STREET MIAMI FL 33147	Mailing Address 2960 NW 73 STREET MIAMI FL 33147
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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	01/18/1995
5. FEI Number	65-0547911
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVD	RAMOS, EDUARDO SR	355 W. 50 ST.	HIALEAH FL 33012
D	RAMOS, EDUARDO JR	355 W. 50 ST.	HIALEAH FL 33012
STD	HERNANDEZ, MARIO	6380 W. 27 LANE, BLDG. 20103	HIALEAH FL 33016
			700002339257--7 -11/05/97-01063-016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

RAMOS, EDUARDO SR.
 3301A N.W. 71 ST.
 MIAMI FL 33147

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent: *E. Ramos* REGISTERED AGENT MUST SIGN Date: 10/01/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *E. Ramos* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/01/97 Daytime Phone # _____

CP2E040 (8/97)