

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000018127**

1. Corporation Name

**SAMAVA GLOBAL TRADE, INC.**

Principal Place of Business

7900 N.W. 27TH AVE.  
SUITE 230  
N MIAMI BEACH FL 33160

Mailing Address

7900 N.W. 27TH AVE.  
SUITE 230  
N MIAMI BEACH FL 33160

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

**Samava Global Trade, Inc.,**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 601605**

City & State

City & State

**North Miami Beach, FL**

Zip

Country

Zip

**33160**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business In Florida

**03/08/1995**

5. FEI Number

**65-056-2242**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PSTD	BULLARD, CHARLES N	% 7900 N.W. 27TH AVE. #238	MIAMI FL 33147

6000002009206--4  
-11/20/96--01015--004  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

DELGADO, DONNA M  
68 WEST FLAGLER ST.  
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name

**David Rolle**

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

**1301 N.W. 103 Street**

Suite, Apt. #, Etc.

**Apt # 203**

City

**Miami**

State

**FL**

Zip Code

**33147**

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

*[Signature]*

**SIGNATURE REQUIRED**

Date **11/7/96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

**SIGNATURE REQUIRED**

*[Signature]*

**11/7/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #