## PLEASE READ ALL INSTRUCTIONS; BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Ka Se	<b>atherine</b> ecretary o			FILED 01 AUG 27 PM 3-24	
DOCUMENT # p95000018127  1. Corporation Name Samava Global Trade, Incorporated						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	-l 060 Add	3. Mailing Offi					
2. Principal Office Address 3. Mailing O			Ce Address		ļ		
				ame	-↓		
Suite, Apt. #, etc. Suite, Apt. #,			C.		4. Date incorr	porated or Qualified	7
		011 0 01 1	•			iness in Florida June 1995	ŀ
Pembroke Pines City & S					5. FEI Numbe		
Florida		Zip Country			65-0562	Not Applicable	r) There a
-iP	Broward	33025	U.S.	•	6. CERTIFICATE	SOF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status	d
. * .		7. Nar	me and Addi	ress of Current Registe	red Agent		
Name         David Rolle           Street Address (P.O. Box Number is Not Acceptable)         777 N.W. 155 Lane         500004564456-8           Suite, Apt. #, Etc.         -08/30/0101070-003         *****908.75           City         North Miami         State Zip Code FL 33169 U.S.A.							
<b>B.</b> I, being	appointed the registered agent of the above	e named corpora	tion, am fami	liar with and accept the c	bligations of section	on 607.0505 or 617.0503, F.S.	(9/60
Signature o	Agent/ COOC					Date 7/31/01	CR2E081 (9/00)
	RE	GISTERED AGEN	NT MUST SIC	GN -			¥~
• Names	and Street Addresses of Each Officer and	/or Director (Florid	la nonprofit c	orporations must list at le	east 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
P	Charles.N.BULLARD		11893 S.W.7th Street			Pembroke Pines	- C
	Charles.N.Bullard Charles.N.Bullard		Same			Same	
1	Charles.N.Bullard		same 3 w. 1th Street			Same Pembroke Pires Pl 38028	
VI	VP Dr Colin.E.Bullard			93 5W 75h	Street	Same Pentruke Pines 33008	
VI	Cordel Jason BULLARD		same siv. Ith Street			Same Pentrula Pines 133025	a de la constante de la consta
							1

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 filling 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.