

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PQ5000018127**

1. Corporation Name
SAMUA GLOBAL TRADE INC

2. Principal Office Address
11893 S.W. 7TH ST
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

City & State
City & State

Zip
33025 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
03-05-95

5. FEI Number
65-0562242

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SEE ADDITIONAL INSTRUCTIONS

7. Name and Address of Current Registered Agent

Name
CELCINA SPENCE

Street Address (P.O. Box Number is Not Acceptable)
11893 S.W. 7TH ST

Suite, Apt. #, Etc.
9

City
PEMBROKE PINES, FL

State
FL

Zip Code
33025

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent
Celcina Spence

Date
08-04-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PS12	CHARLES N. BULLARD	11893 S.W. 7TH ST	PEMBROKE PINES FL 33025 USA
VP	DORCOUN G BULLARD	11893 S.W. 7TH ST	" " "
VP	CORDELL J. BULLARD	11893 S.W. 7TH ST	" " "
VP	SANDRA J. SALTIN	1031 N.E. 211 ST	NORTH MIAMI BEACH, FL 33179

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 907 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)(b), 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: **C.N. Bullard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
08-04-04

Daytime Phone #

GLOBAL TRADE
SEAL
FLORIDA 7-961