PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 20 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P[illegible]091

1. Corporation Name
SAMOUAR PROPERTIES INC.

Principal Place of Business
4108 W. PALM AIRE DR
APT. 81B, POMPANO BEACH, FL 33069

Mailing Address
4108 W. PALM AIRE DR
APT. 81B, POMPANO BEACH, FL 33069

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	c/o ELCIO GAZ Suite, Apt. #, etc. 4108 W. PALM AIRE DR. #81B	5. FEI Number 65-0631796 ☐ Applied For ☐ Not Applicable
City & State	City & State POMPANO BEACH, FL	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip / Country	Zip 33069 / Country	

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
PD	ELCIO GAZ	4108 W. PALM AIRE DR #81B	POMPANO BEACH, FL 33069
			000003446890--0 -11/01/00--01053--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

GERALD SCHILLAN, ESQ
1761 W. HILLSBORO BLVD. #201
DEERFIELD BEACH, FL 33442

9. Name and Address of New Registered Agent

Name ELCIO GAZ
Street Address (P.O. Box Number is Not Acceptable) 4108 W PALM AIR DR. #81B
Suite, Apt. #, Etc.
City POMPANO BEACH State FL Zip Code 33069

CR2E084 (12/98)

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 _____ Date 10/18/00
ELCIO GAZ REGISTERED AGENT MUST SIGN

11. This corporation owes 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., 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. KE

SIGNATURE: _____ 10/18/00 954-972-6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ELCIO GAZ, PRES