

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

99 MAR 15 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074520

1. Corporation Name

S.A. GLOBAL INTERNATIONAL CO.



Principal Place of Business

2841 N.W. 107TH AVE
MIAMI FL 33172
US

Mailing Address

2841 N.W. 107TH AVE
MIAMI FL 33172
US

If above addresses are incorrect in any way, and through incorrect information and enter correct here 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

REINSTATEMENT

4. Date Incorporated or Date
To Do Business in Florida

09/03/1999

5. FEI Number

65-0695258

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
D	WISSAM, AMOUDI	2841 N.W. 107TH AVE	MIAMI FL

1000002814811-1
-03/23/99 -01024 -022
***900.00 ***900.00

8. Name and Address of Current Registered Agent

AMOUDI, WISSAM
1342-46 N.W. 78 AVENUE #D
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name Amoudi, Wissam
Street Address (P.O. Box Number is Not Acceptable)
2841 NW 107 Ave.
Suite, Apt. #, Etc.

City Miami

State FL Zip Code 33172

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

REGISTERED AGENT MUST SIGN

Date 2/5/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99 305-392-5000