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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 APR 27 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067267

1. Corporation Name

SAMM USA, INC.

Principal Place of Business / Mailing Address

407 LINCOLN ROAD
SUITE 5B
MIAMI BEACH, FL. 33139

98-99 458 4/27 PM

REINSTATEMENT

If above address is incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip / Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip / Country

4. Date Incorporated or Qualified to Do Business in Florida: 8/4/1997

5. FEI Number: 65-0785853 — 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
PSVT	GUZOVSKY, SILVIO M.	407 LINCOLN RD, #5B	MIAMI BEACH, FL. 33139

8. Name and Address of Current Registered Agent

LUIS G. BRITO
407 LINCOLN RD, #5B
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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: 4/22/99

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 of 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: Silvio Guzovsky 4/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared By: Brito & Brito 407 Lincoln Rd. Suite 5B Miami Beach Fl 33139
Phone#(305)-534-9292

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

SAMM USA, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75