

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL -5 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Samira Inc.
P97000073335

2. Principal Office Address

16747 NW 13 Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

U.S.A

3. Mailing Office Address

16747 NW 13 Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

U.S.A

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/97

5. FEI Number

650780663

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Luis Cardenas

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

16747 NW 13 Street

Suite, Apt. #, Etc.

City

Pembroke Pines, FL

State

FL

Zip Code

33028

700006328707-5

-07711702-01033-006

***1050.00 ***1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7/01/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Luis Cardenas	16747 NW 13 Street	Pembroke Pines, FL 33028
D	Ivanna Costelbondo	16747 NW 13 Street	Pembroke Pines, FL 33028

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 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:

Luis Cardenas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/01/02

Date

954-450-6532

Daytime Phone #

CR2E081 (9/01)