

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -2 PM 2:44

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073335

1. Corporation Name

SAMIVA INC

2. Principal Office Address - No P.O. Box #

16051 COLLINS AVE

Suite, Apt. #, etc.

APT. 604

City & State

SUNNY ISLES BEACH, FLORIDA

Zip

33160

Country

USA

3. Mailing Office Address

16051 COLLINS AVE

Suite, Apt. #, etc.

APT. 604

City & State

SUNNY ISLES BEACH, FLORIDA

Zip

33160

Country

USA

500128343915

05/02/08--01042--029 **300.00

CR2E081 (12/07)

4. Date Incorporated or Qualified

To Do Business in Florida **1/1/2002**

5. FFI Number

65-0780663

☐ 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 E CARDENAS

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

16051 COLLINS AVE

Suite, Apt. #, Etc.

APT. 604

City

SUNNY ISLES BEACH, FLORIDA

State

FL

Zip Code

33160



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

4/25/2008

Date

REGISTERED AGENT MUST SIGN

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 E. Cardenas	16051 Collins Ave Apt. 604	Sunny Isles Beach, FL 33160
D	Ivanna Gastelbondo	16051 Collins Ave Apt. 604	Sunny Isles Beach, FL 33160

B 5/6/08

REINSTATEMENT 07-08

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 contained in Chapter 119, 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 E. Cardenas

4/25/2008

305-970-5565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #