

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

00-02 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 20 PM 4:00

DOCUMENT # P97000086432

1. Corporation Name

SAMET AMERICA, INC.

W02-3337

2. Principal Office Address

FL

3. Mailing Office Address

2244 37th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st Floor

City & State

City & State

Long Island City

Zip

Country

Zip

Country

NY 11105 Queens

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0789281

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

MANUEL ARTHUR MESA, P.A.

900005080969

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

44 West Flagler Street

-03/11/02--01063--010

****450.00 ****450.00

Suite, Apt. #, Etc.

Suite 1575

City

Miami, FL

State

FL

Zip Code

33130

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

[Handwritten Signature]

Date 11/26/01

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
President	Saldroy Kiziltan	Kemer Country, Mimar Sinan Cd Uceuler Sk. No 3 Kemerburgaz	1 STANBUL, TURKEY
VP	Arif Atla	Acı Badem Kavuşpasa Hanı Sk. Can Apt 10/6	Uskudar - ISTANBUL TURKEY
Dir. Finance	Kemal Dogan	Beycegiiz Cd. Nispetiye D.2 Fatih	Istanbul-TURKEY
Sec	Nursel Cobanoglu	2244 37th Street	Long Island City, NY 11105
Sec. Ass	Gamze Yazicioglu	Sinan Ercan Sk. Ozkor Sitesi E Bl. D. Al Kozyatagi	Istanbul - Turkey 81090
			AD

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)(f), 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: *[Handwritten Signature]* Nursel Cobanoglu, Secretary Nov 13, 2001 718-7211343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/00)