

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

00 APR 26 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000005461

1. Corporation Name

SAMTEX CORPORATION

Principal Place of Business

Mailing Address

2627 NE 203 ST.
SUITE 207
MIAMI, FL 33180.

2627 NE 203 ST.
SUITE 207
MIAMI, FL 33180.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

99-10

2. New Principal Office Address, If Applicable

3727 N.W. 80 STREET
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3727 N.W. 80 STREET
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/20/1998

5. FEI Number

65-0810947

Applied For

Not Applicable

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

6. CERTIFICATE OF STATUS DESIRED [X]

\$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes Samuel Papu and Gabriel Prats.

8. Name and Address of Current Registered Agent

SAMUEL PAPU
2627 N.E. 203 ST. # 207
MIAMI, FL 33180

9. Name and Address of New Registered Agent

Name: GABRIEL PRATS
Street Address: 2121 PONCE DE LEON BLVD.
Suite, Apt. #, Etc.: SUITE 240
City: CORAL GABLES
State: FL
Zip Code: 33134

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X]

(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:

[Handwritten Signature]

SAMUEL PAPU (PRES.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/09/99 (305) 696-553

Date

Daytime Phone #

CR2E040 (12/96)