

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 ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D,P,T,S,	SAMUEL PAPU	3727 N.W. 80 STREET	MIAMI, FL 33147.

600003246816--1
-05/10/00-01000-003
****908.75 ****908.75

LS

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 (P.O. Box Number is Not Acceptable)

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

[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 ☒

(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL PAPU (PRES..)

Date

11/09/99 (305) 696-553

Daytime Phone #

CR2040 (12/96)