APPLICATION FOR



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P98000007240 DOCUMENT

1. Corsoration Name

REINSTATEMENT

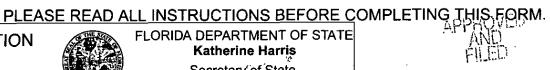
SAMARA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1350 SOUTHWEST 12TH AVENUE POMPANO BEACH FL 33069

1350 SOUTHWEST 12TH AVENUE POMPANO REACH EL 33069.



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SECRETARY OF STATE TALLAHASSEE, FLOHIDA

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|---|--|-----------------------------------|--|----------------------------------|---------------|---|--|---|----------------------|---|--|
| If above a | ddresses are | incorrect in any way, line thro | ough incorrect in | formation a | and enter co | rrection below. | REINS | TATEMER | ut ac | 1-01) | |
| | ncipal Office | Address, If Applicable | 3. New Mailir | ng Office Address, If Applicable | | | | Date Incorporated or Qualified To Do Business in Florida 01/23/1998 | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | 5. FEI Number Applied For | | | | | |
| City & State | ad 5 | PRINGS JL | City & State Sprensis Zip 330 65 Country | | | チム | 65-6 | 65-0840626 Not Applicable | | | |
| ^{Zip} 33 | 065 | Country BROWARD | | | | CERTIFICA | | TE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status | | | |
| 7. Names | and Street Ad | Idresses of Each Officer and/ | or Director (Flor | rida nonpro | fit corporati | ons must list at | least 3 directors)_ | | | | |
| Title(s) 1 | tle(s) Name of Officers and/or Directors 2 | | | Stre Offi | | | | City / State / Zip | | | |
| PSTD | RODRIGUEZ, MICHELLE S | | | 1350 SOUTHWEST 12TH AVENUE | | | JE | POMPANO BEACH FL 33069 | | | |
| VΡ | Mck | NIGHT SO | 5674 | 9006 | NW | 38 % | -ine | Coral Sp | - usı | 2/33065 | |
| 5 | Mck | NIGHT SO | AMES | 9006 | NW | 38 D | -ine | Corel Spr | · ng. | 30EE14 | |
| | | | | | | | | 000033; -07/12/0 | 2135)0107 | 3 □ 2 6010 *** 900.00 | |
| | | | | | | | | ***** | | 1 / | |
| | | | | | | 2 | _ | | | M | |
| 8. Name and Address of Current Registered Agent | | | | | | Name and Address of New Registered Agent | | | | | |
| AMERILAWYER | | | | | | Name SEET | mckn16H+ | | | | |
| 343 ALMERIA AVENUE | | | | | | | | P.O. Box Number is Not Acceptable) N W 38) rive | | | |
| CORAL GABLES FL 33134 | | | | , | H | Suite Ant # F | tc | <u>-</u> | | | |
| CONTRACTOR OF THE COLOR | | | , | | Į. | CONAL SPRINGS State Zip Code CORAL SPRINGS FL 33065 | | | | | |
| | | | | | | City Cork | PAL S | PRINGS | State Zip Co FL 3 | 3062 | |
| 10. I, being | g appointed th | ne registered agent of the abo | ve named corpo | | | | | tion 607.0505, F.S. | | | |
| Signature o Registered | of Agent | LINGUL. | | | | IRED |) | Date 6/12/ | 00 | | |
| | | KE | GISTERED AG | ENT MUST | DIGN | _ | | | | | |
| 11. I certify | that I am an | officer or director or the receiv | ver or trustee en | npowered to | o execute th | nis application a | s provided for in ch | apter 607 or 617, F.S. I fu | rther certify th | at 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

jcknight Vistoo
Date

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.