

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

03 OCT 14 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 098000011004

1. Corporation Name

Samiyeh, Inc.

*JS*

2. Principal Office Address

5005 NW 58 Terrace

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

City & State

Zip

33067

Country

USA

Zip

Country

**REINSTATEMENT 00-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

applied

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

Michael J. Snyder

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

4000 Hollywood Boulevard

Suite, Apt. #, Etc.

Suite 455-S

City

Hollywood

State

FL

Zip Code

33021

100023818941

10/15/03--01057--008 \*\*1200.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/17/03

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
P	Mona Nasser	5005 NW 58 Terrace	Coral Springs, FL, 33067

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)(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:

Mona Nasser (PRESIDENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/03

Date

954

575 1641

Daytime Phone #

CR2E081 (10/02)