

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000095770**

1. Corporation Name

SAMAYA INC

2. Principal Office Address

1419 A WASHINGTON AVE

Suite, Apt. #, etc.

City & State

Miami BEACH FL

Zip

33139

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0870531

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

DHT Tax & Mgt Corp - DAVID HARRIS

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

1711 Whitehall DR SWS 105

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33324

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**

REGISTERED AGENT MUST SIGN

Date **12/1/03**

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
Pres	ALI FAYAN	1419 A WASHINGTON AVE	MIAMI, BEACH FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/03 305-674-0342
Date Daytime Phone #

DHT Tax & Management Inc
1711 Whitehall Dr #105
FT Lauderdale, FL 33324
(954) 475-8382

11/10/03

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Samaya Inc.
1419A Washington Ave
Miami Beach, FL 33139

PG 80000 95770

To Whom It May Concern:

I am the accountant for Samaya Inc. I am also the registered agent for the company.

In the course of reviewing paper work for year end I noted that we did not receive the 2003 UBR report to file. Further checking indicated we purchased a money order in April 2003 to send to your office. However we have not been able to locate a copy of the Money order. I also note that the Internet at MY Florida suggests that you did not receive the report from us..

I am enclosing a check from Samaya for \$150.00 and hope that you will accept this late payment for the UBR. Also please make sure that I continue to appear as the registered agent and make sure that the 2004 is sent to the above address so that I can make certain that is filed on a timely basis next year and there after, (as it has been in all past years).

Thank You for your help.

Sincerely;


David Harris