

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Blaine H. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000009276

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1. Corporation Name

PETROSAM CORPORATION

Principal Place of Business

Mailing Address

190 N.E. 119TH STREET
MIAMI FL 33161

190 N.E. 119TH STREET
MIAMI FL 33161

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0894178

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐ ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BISHAY, SAMI	190 N.E. 119TH STREET	MIAMI FL 33161
D	SALIB MINA, MARIAM	190 N.E. 119TH STREET	MIAMI FL 33161

100003480981--3
-11/30/00--01036--003
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMOLER, BRUCE J
100 S.E. 2ND STREET
SUITE 2620
MIAMI FL 33131

Name

SAMI M. BISHAY

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

190 N.E. 119 STREET - MIAMI

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33161

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/13/2000

11. 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

PRESIDENT

10/13/2000

Date

Daytime Phone #

(305) 756 8811

PetroSam

*DBA Blessing
Food Mart*

Phone: 305 756 8811
FAX: 305 756 7771

Thursday, November 2, 2000

FLORIDA DEPARTMENT OF STATE

**Katherine Haris
Secretary of state**

DIVISION OF CORPORATIONS

**P.O.Box 6327
Tallahassee, Florida 32314**

Dear Madam,

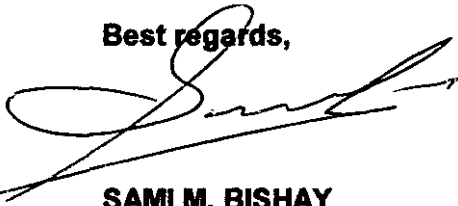
I received from you the attached " Notice Of Administrative Dissolution Or Revocation " of my company would like to mention that Petrosam was registered in January, 1999 for the construction of a Gas Station and Food Mart.

Since that time until obtaining the attached " C.O "(Certificate of Occupancy) on 9/22/20 the company was under construction without Mail Box installed and we did'nt receive any communications regarding to payment for " Annual Report Fee ",also knowing that the name and address of "Current Registered Agent "in yourattached document is not any more since 10 months.

I will be very grateful if you consider my Justification above and wave the " Reinstatement Fee "

Accept please the attached check of \$ 150.00 as indicated behind the attached application.

Best regards,



**SAMI M. BISHAY
President**