

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 27 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103649

1. Corporation Name

SAMANDU OF MIAMI INC.

100005491301--6
-05/08/02--01021--027
****300.00 ****300.00

2. Principal Office Address

12615 SW 91 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL 33186

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

2001-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1061016

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

BRANKO VUCKOVICH

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

12615 SW 91 ST

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33186

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

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
D	BRANKO VUCKOVICH	12615 SW 91 ST	MIAMI, FL 33186
D	MARIA J VUCKOVICH	12615 SW 91 ST	MIAMI, FL 33186

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:

Diab

DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/11/02

Daytime Phone #

CR2E081 (9/01)

Attachment

DOC# P99000103649

202

SAMANDU OF MIAMI, INC.

12615 SW 91 ST

Miami, FL 33186

March 11, 2002

FLORIDA DEPARTMENT OF STATE

RE: 65-1061016

Doc# P99000103649

Gentlemen:

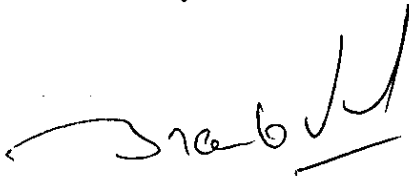
I never received your 2001 Uniform Business Report for that year.

I am sending you a check in the amount of \$300.00, UBR fees for the years 2001 and 2002; please waive the charges.

I spoke with someone at your office and advise me to write a notice.

Any questions or concerns feel free to contact me.

Sincerely Yours,



Branko Vuckovich
Director