

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

01 AUG 14 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 575544

1. Corporation Name

SAMANTRA INC.

2. Principal Office Address

982 WEST 40<sup>ST</sup>

Suite, Apt. #, etc.

3. Mailing Office Address

982 WEST 40<sup>ST</sup>

Suite, Apt. #, etc.

City & State

HALEAH, FLORIDA

Zip

33012

Country

USA

City & State

HALEAH, FLORIDA

Zip

33012

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/1/91

5. FEI Number

65-0280233

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

99-01

7. Name and Address of Current Registered Agent

Name

ARMANDO LEON

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

982 WEST 40<sup>ST</sup>

Suite, Apt. #, Etc.

City

HALEAH

State  
FL

Zip Code

33012

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

*Armando Leon*  
REGISTERED AGENT MUST SIGN

Date

8/14/01

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	ARMANDO LEON	982 WEST 40 <sup>ST</sup>	HALEAH FL 33012

600004533376--6

08/14/01-01030-001

\*\*\*1050.00 \*\*\*1050.00

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)(l), 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:

*Armando Leon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/14/01 786-271-0536

Daytime Phone #

CR2E081 (9/00)