

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 ST

Suite, Apt. #, etc.

3. Mailing Office Address

982 WEST 40 ST

Suite, Apt. #, etc.

City & State

HIALEAH, Florida

City & State

HIALEAH, Florida

Zip

33012

Country

USA

Zip

33012

Country

USA

7. Name and Address of Current Registered Agent

Name

ARMANDO LEON

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

982 WEST 40 ST

Suite, Apt. #, Etc.

City

HIALEAH

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

REGISTERED AGENT MUST SIGN

Date 8/14/01

CR2E081 (9/00)

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 ST	HIALEAH 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)(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

8/14/01 786-271-0536

Date

Daytime Phone #