

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V02269**

1. Corporation Name

Somo International, Inc. (Document # V02269) ☒

2. Principal Office Address - No P.O. Box #
600 Sweetwater Bay Ct.

Suite, Apt. #, etc.

City & State

Longwood, Florida

Zip
32779

Country
USA

3. Mailing Office Address
600 Sweetwater Bay Ct.

Suite, Apt. #, etc.

City & State

Longwood, Florida

Zip
32779

Country
USA

7. Name and Address of Current Registered Agent

Name

M. Sami El-Behiri

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

600 Sweetwater Bay Ct.

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

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

Sami El-Behiri

REGISTERED AGENT MUST SIGN

Date **October 3, 2008**

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	M. Sami El-Behiri	600 Sweetwater Bay Ct.	Longwood, Florida 32779
S	Shawn Montgomery	1353 Oak Springs Place	Lake Mary, Florida 32746
T	Mohamed A. Olimy	600 Sweetwater Bay Ct.	Longwood, Florida 32779

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 contained in Chapter 119, 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:

Sami El-Behiri

M. Sami El-Behiri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 3, 2008

Date

407 617 3636

Daytime Phone #

FILED

08 OCT 13 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100136673231
10/06/08--01054--015 **3008.75

REINSTATEMENT
CR2E081 (10/08)

92-08

4. Date Incorporated or Qualified
To Do Business in Florida 12/20/1991

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

900136935529
10/15/08--01003--018 **150.00

10/13/08