

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 APR 13 AM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V02269**

1. Corporation Name

Somo International, Inc.

2. Principal Office Address - No P.O. Box #

600 Sweetwater Bay Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

600 Sweetwater Bay Ct.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32779

Country

USA

Zip

32779

Country

USA

600175471206  
04/13/10--01003--009 \*\*\*308.75

CR2E081 (11/09)

**REINSTATEMENT**

09-10

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

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

☒ 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.

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 3/11/2010

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, FL, 32779
S	Shawn Montgomery	16311S. Howard Street	Plainfield, IL, 60586
T	Mohamed A Olimy	600 Sweetwater Bay Ct.	Longwood, FL, 32779

10. E-mail Address: samybehiri@aol.com; JARHEADWR450@aol.com

(To be used for future annual report notification)

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. I further certify, 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

Date

Daytime Phone #

3/11/2010