

F01000002911

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sam Hal Re, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gary S. Silverman (Name of Person) 389884228523-4  
-05/16/01--01104--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00  
Silverman & Associates Chartered (Firm/Company)  
11300 Rockville Pike, Ste 908 (Address)  
Rockville, MD 20852 (City/State and Zip code) W01-11457

For further information concerning this matter, please call:

Gary S. Silverman at ( 301 ) 468-4990  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

01 MAY 31 PM 3:44

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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 21, 2001

GARY S. SILVERMAN  
SILVERMAN & ASSOCIATES CHARTERED  
11300 ROCKVILLE PIKE, STE 908  
ROCKVILLE, MD 20852

SUBJECT: SAM HAL RE, INC.  
Ref. Number: W01000011457

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We have received your document for SAM HAL RE, INC. and your check totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers

Document Specialist

Letter Number: 601A00030969

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TALLAHASSEE FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Sam Hal Re, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Nevada 3. 880490825  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/13/01 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3300 N.E. 192 2nd Street # 614 Aventura, FL 33180  
(Principal office address)
- Same as above  
(Current mailing address)

8. Check cashing company  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: Sheldon I. Charapp
- Office Address: 3300 N.E. 192 2nd St. # 614  
Aventura, Florida 33180  
(City) (Zip code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Sheldon I. Charapp  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Leslie A. Charapp

Address: 3300 N.E. 192 2nd Street # 614

Aventura, FL 33180

Vice Chairman: Elaine M. Charapp

Address: 3300 N.E. 192 2nd Street # 614

Aventura, FL 33180

Director: Sheldon I. Charapp

Address: 3300 N.E. 192 2nd Street # 614

Aventura, FL 33180

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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B. OFFICERS

President: Leslie A. Charapp

Address: 3300 N.E. 192 2nd Street # 614

Aventura, FL 33180

Vice President: Elaine M. Charapp

Address: 3300 N.E. 192 2nd Street # 614

Aventura, FL 33180

Secretary: Sheldon I. Charapp

Address: 3300 N.E. 192 2nd Street #614, Aventura, FL 33180

Treasurer: Sheldon I. Charapp

Address: 3300 N.E. 192 2nd Street # 614, Aventura, FL 33180

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

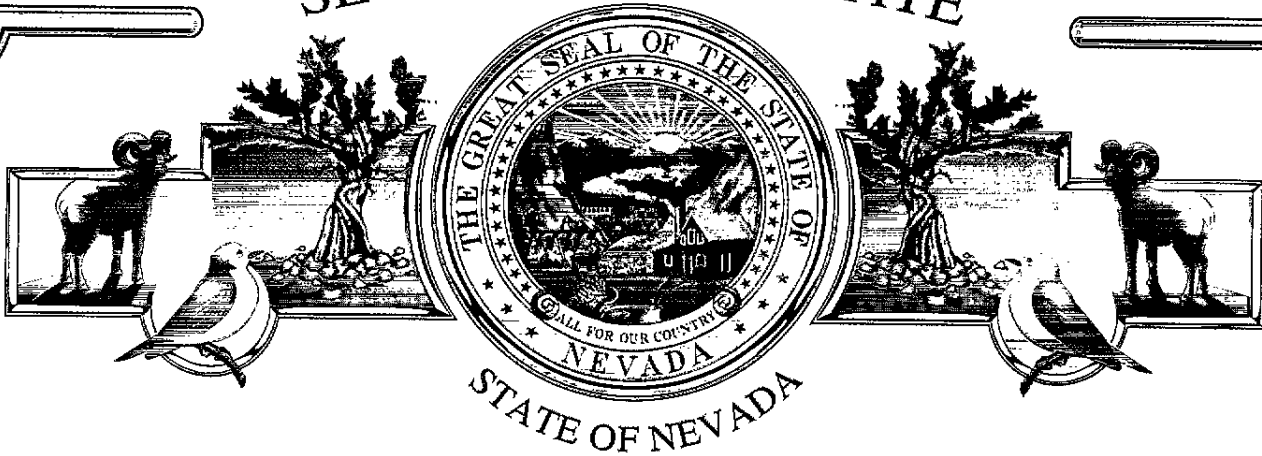
13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sheldon I. Charapp

(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SAM HAL RE, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 13, 2001, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on April 24, 2001.



*Dean Heller*

Secretary of State

By

*Chadwick*

Certification Clerk

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