

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -7 AM 8:27

DOCUMENT # *F01000002911*

1. Corporation Name
SAM HAL RE, INC

2. Principal Office Address
3300 NE 192 ST

3. Mailing Office Address
100 NE 3 ST

Suite, Apt. #, etc.
614

Suite, Apt. #, etc.
1349 C

City & State
AVENUE FL

City & State
HALLANDALE FL

Zip Country
33180 USA

Zip Country
33009 USA

REINSTATEMENT

D3-04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
88-0490825

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
David Silbergleit

600028316536

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

*02/05/04 01011 011 ***30.00*

Suite, Apt. #, Etc.
11456 SW 18 CT

City
MIRAMONTE

State Zip Code
FL 33025

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 *2/4/03*

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
<i>PC</i>	<i>CHARAPP, Sheldon</i>	<i>100 NE 3 ST 1349 C</i>	<i>HALLANDALE FL 33009</i>

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:

Sheldon Charapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/04

Daytime Phone #

2/11 00

CR2001 (01/04)