PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 11 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P01000079208

1. Corporation Name: Samantha, Inc.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
34 Walker's Ridge	c/o Susan Smythe P.O. Box 999
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach, FL	City & State: Charleston, SC
Zip: 32082 Country: USA	Zip: 29402 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3742739 ☐ 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: Nancy I. Snyder

Street Address (P.O. Box Number is Not Acceptable): 34 Walker's Ridge

Suite, Apt. #, Etc.

City: Ponte Vedra Beach State: FL Zip Code: 32082

☒ 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: Nancy Iraman Snyder — Date: 2-26-09
REGISTERED AGENT MUST SIGN

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
D/P	Christie Connard - President	1585 Brooklane Drive	Corvallis, OR 97330
D/S	Susan Smythe - Secretary	PO Box 999, 5 Exchange St (29401)	Charleston, SC 29402
D/VP	Bruce McConihe - Vice President	11525 Front Field Lane	Potomac, MD 20854
D/VP	Nancy I. Snyder - Vice President	34 Walker's Ridge	Ponte Vedra Beach, FL 32082
D	Sallie L. Taylor	7725 Rock Creek Road	Richmond, VA 23229
	D = Director		

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: Nancy Iraman Snyder 2-26-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #