

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 DEC -7 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200187552212  
11/08/10--01054--010 \*\*150.00

**REINSTATEMENT**  
CR2E081 (6/10)

DOCUMENT # P04000035486 (2010)

1. Corporation Name

410 EAST SAMPLE RD, INC.

2. Principal Office Address - No P.O. Box #  
3502 N POWERLINE RD

3. Mailing Office Address  
3502 N POWERLINE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip  
33069

Country  
USA

Zip  
33069

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 02/24/2004

5. FEI Number  
20-0775826

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  
ABOU ZAMEL

Street Address (P.O. Box Number is Not Acceptable)  
3502 N POWERLINE RD

Suite, Apt. #, Etc.

City  
POMPANO BEACH

State Zip Code  
FL 33069

200187552212  
12/07/10--01040--005 \*\*600.00

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

Date 10/29/2010

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
P	ABOU , ZAMEL S	3502 N Powerline rd	Pompano Bch FL 33069
VP	YEFREMOVA, OLGA	3502 N Powerline Rd	Pompano Bch FL 33069

**REINSTATEMENT**

2010

~~S. HAWKES~~

~~NOV 9 2010~~

**EXAMINER**

10. E-mail Address:

(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:

11/29/2010 954-815/2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/12/10