
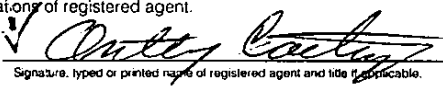
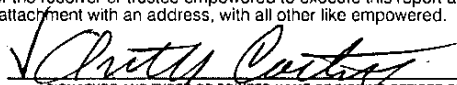


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000170340 1. Entity Name SAMERIN OAKS, CORP.			FILED 05 OCT 24 PM 4:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 6672 NW 150TH AVE MORRISTON, FL 32668		Mailing Address 6672 NW 150TH AVE MORRISTON, FL 32668	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 41-2162871		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent POST, WILLIAM A ESQ 20702 W PENNSYLVANIA AVE DUNNELLO, FL 34431		7. Name and Address of New Registered Agent Name Anthony Costanzo Street Address (P.O. Box Number is Not Acceptable) 6672 NW 150th Avenue City Morrison FL Zip Code 32668	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <input checked="" type="checkbox"/> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete NAME: COSTANZO, ANTHONY STREET ADDRESS: 6672 NW 150TH AVE CITY-ST-ZIP: MORRISTON, FL 32668	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 700060899197 STREET ADDRESS: 10/24/05--01063--009 CITY-ST-ZIP: **150.00		
TITLE: <input type="checkbox"/> Delete NAME: Secretary STREET ADDRESS: Costanzo, Peggy CITY-ST-ZIP: 6672 NW 150th Ave Morrison, FL 32668	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 10-20-05	DAYTIME PHONE #: 352-671-3398

Handwritten initials



REINSTATEMENT 2005 w/p