

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -4 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 21318

1. Corporation Name
S. A. M. S. - N - ONE, INC.

W98 8738

Principal Place of Business Mailing Address
2888 WEST HIGHWAY 44
DALAND, FL 32720

REINSTATEMENT 94-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		1133 GRANVILLE ROAD Suite, Apt. #, etc.		12/24/1990	
City & State		90 SAM ECKHART City & State DALAND FL		5. FEI Number	
Zip		32720		59-3044929	
Country		VOCUSIA		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.O.	SAMUEL WEIR	1291 BARRELL SPENCER RD	DALAND, FL 32720
T.S.O.	MEGAN WEIR	1291 BARRELL SPENCER RD	DALAND, FL 32720
VP D	DONALD J CAMPBELL	46 WASHINGTON ST	ORLANDO BEACH, FL 32122

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GARCIA PAPPAS 645 NORTH HAZLETT AVENUE ORLANDO BEACH, FL 32118		Megan Weir 1291 BARRELL SPENCER RD DALAND	
		City	State Zip Code
		DALAND	FL 32720

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: Megan Weir REGISTERED AGENT MUST SIGN Date: 4/13/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Megan Weir Megan Weir Secretary Date: 4/13/98 904 736 7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (1/98)