PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  OHFEB 18 AM 8: 29
DOCUMENT # P 98000080186		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Sam's Investmen	teorp	
2. Principal Office Address 37071 Main 57.	3. Mailing Office Address P. O. Boy 455	REINSTATEMENT 03-2
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 9/11/98
	Canal Point, F1.33438	5. FEI Number Applied For Not Applied be Not Applied be
Zip Country	Zip Country	6. S8.75 Additional Fee required
33438 USA		IOT & COTTITUES OF STATUS
Name	7. Name and Address of Current Registe	ned Agent
Richard L.	Heffennih, CPA	700029450237 02/26/0401020010 **33 <b>4</b> .50
Street Address (P.O. Box Number is Not Acceptable)  27/25/04U1020U10 **33450  29/25/04U1020		
Suite, Apt. #, Etc.		
City		State Zip Code
Pa hokoe		FL  334.2.6
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		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of	Street Address of Eac	<b>h</b>
Officers and/or Directors	Officer and/or Directo	or City / State / Zip
P Samed S. Ell	Dagar 36 941 2 nd 5+	. Carel Point F1. 33938
UP A. R. Herrington	Jr. 37056B old (.	aners Hay Canal Point F1. 33438
S/M Guadalupe R. Ro	driguez 12405 hakest	here Dr. Canal Point F1. 33438
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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 filling 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: G. A.M. 114 A. Roswell Herrisaton, Jr. 2/6/04 56/-924-3400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



February 16, 2004

Department of State Division of Corporations Attn: Pat Bailey 409 East Gaines St. Tallahassee, Florida 32399

Dear Mrs. Bailey,

As I told you earlier today, we experienced some difficulty with the Internal Revenue Service, that led to our accounts being frozen and our previous check being returned. We have since resolved this problem. Attached please find a check for the amount of Three Hundred and Thirty-Two Dollars and Fifty Cents and a completed Corporation Reinstatment Form.

Thank you very much for you assistance in this matter

Sincerely Yours

a Result

A. Roswell Harrington

Vice President

Sam's Investment Corp