

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 15 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 421514

1. Corporation Name

MISS SAM, INC.

Principal Place of Business

1440 S OCEAN BLVD
PH D
POMPANO BEACH FL 33062

Mailing Address

1440 S OCEAN BLVD
PH D
POMPANO BEACH FL 33062

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1973

5. FEI Number

59-1877458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STD	CLARDY, MARGURITE	1440 S. OCEAN BLVD PH D	POMPANO BEACH FL
D	RATLIFF, LINDA	H.C. 84 BOX 1362	WHITESBURG KY
PD	CLARDY, ALESIA R	1440 S OCEAN BLVD PHD	POMPANO BEACH FL

000016062190
04/15/03--01024--012 **150.00

8. Name and Address of Current Registered Agent

CLARDY, MARGURITE
1440 S OCEAN BLVD
PH D
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Margurite Clardy
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

4/8/03

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 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:

Margurite Clardy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/8/03

Daytime Phone #

934-983-8849

CR2E040 (8/02)

April 8 2003

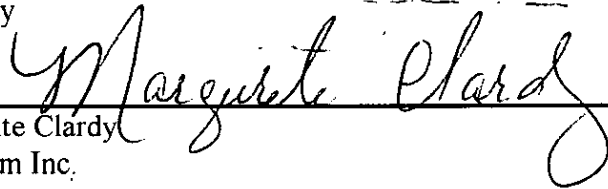
Department of State

ATT; Michell Milligan

I know I filed the report in 2002 with a check, I do not know what happened. I also paid my Intangible Taxes. I do appreciate you taking care of this for me.

If you have any questions please call 954 783 8849.

Sincerely



Margurite Clardy
Miss Sam Inc.