

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

000638.109233

**CORPORATION REINSTATEMENT**

**THE SAMUEL GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$900.00</del>

\$300.00, entity  
did not receive AK.  
notice

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**RH**

**FILED**

09 AUG 19 AM 3:04  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2009 FOR PROFIT CORPORATION  
REINSTATEMENT**

DOCUMENT # F05000002435			
1. Entity Name THE SAMUEL GROUP, INC.			
Principal Place of Business 2906 MAPLE AVENUE, SUITE 202 DALLAS, TX 75201		Mailing Address 2906 MAPLE AVENUE, SUITE 202 DALLAS, TX 75201	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name: National Corporate Research, Ltd. Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue City: Tallahassee FL Zip Code: 32301	
4. FEI Number 75-2707416 Applied For: <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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: <i>Kathy A. Butler</i> Kathy A. Butler, Asst. Sec. 08-19-09 NOTE: Registered Agent signature required when reinstating.			
FILE NOW!!! FEE IS \$800.00		\$300.00 - entity did not receive AR notice	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPVD SAMUEL, MESFIN 2906 MAPLE AVENUE, SUITE 202 DALLAS, TX 75201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SAMUEL, MESFIN 2906 MAPLE AVENUE, SUITE 202 DALLAS, TX 75201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RH</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 person or persons authorized 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 attached form with an address, or all other like empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/12/2009 (24) 922-8012 H090001854083	