

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H16987

Entity Name: SAMUEL'S, INC.

FILED
Jun 14, 2005
Secretary of State

Current Principal Place of Business:

5200 TAMIAMI TRAIL NO
SUITE 101
NAPLES, FL 34103 US

Current Mailing Address:

5200 TAMIAMI TRAIL NO
SUITE 101
NAPLES, FL 34103 US

New Principal Place of Business:

6829 SATINLEAF ROAD SOUTH
SUITE 201
NAPLES, FL 34109 US

New Mailing Address:

6829 SATINLEAF ROAD SOUTH
SUITE 201
NAPLES, FL 34109 US

FEI Number: 59-2446197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID N MORRISON, ESQ
5333 SYCAMORE DR.
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DAVID N MORRISON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHRISTINA, SAMUEL
Address: 60 SEAGATE DR., #705
City-St-Zip: NAPLES, FL 34103

Title: DST (X) Delete
Name: CHRISTINA, DIANE B.,
Address: 60 SEAGATE DR., #705
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CHRISTINA, SAMUEL
Address: 6829 SATINLEAF ROAD SO, STE #201
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL CHRISTINA

PRES

06/14/2005

Electronic Signature of Signing Officer or Director

Date