


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -1 PM 4:15

DOCUMENT # **J24254**

1. Corporation Name

SAM'S ENTERPRISES, INC.

Principal Place of Business

1220 S. WASHINGTON AVE.
1220 S. WASHINGTON AVE.
TITUSVILLE FL 32780
US

Mailing Address

~~C/O SHYAM VIRANI~~
~~1220 S. WASHINGTON AVE.~~
~~TITUSVILLE FL 32780~~

C/O Hitesh Patel

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
USA

3. New Mailing Office Address, If Applicable

355 Knox McRae DR

Suite, Apt. #, etc.

City & State

Titusville FL

Zip

32780

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1986

5. FEI Number

59-2703520

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
PD	VIRANI, SHYAM	1220 N. WASHINGTON AVE	TITUSVILLE FL
D	HITESH, PATEL	1220 N. WASHINGTON AVE	TITUSVILLE FL

600004694946--1
-11/27/01--01044--005
****150.00 ****150.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent

VIRANI, SHYAM
1220 S. WASHINGTON AVE.
TITUSVILLE FL 32780

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.

Signature of
Registered Agent

[Handwritten Signature]

Date **10-26-01**

REGISTERED AGENT MUST SIGN

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:

[Handwritten Signature]

Date **10-26-01**

Daytime Phone #

To : Fl Dept of State

Fr: Sams Enterprises Inc – J24254

Re: Reinstatement

Date: 10/08/01

Dear Sir or Madam:

I here by request a waiver of penalty due to non receiving renewal notices.

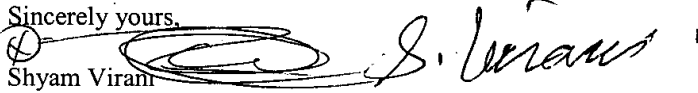
We did not receive previously mailed notices due to incorrect address. Since last year we had leased our business. This is the first time we receive this notice from our lessee.

Therefore we would like to request a waiver of penalty for reinstatement.

Please find enclosed check for \$150.00 and completed reinstatement application.

We appreciate it your cooperation.

Sincerely yours,


Shyam Viram
Sams Enterprises, Inc.

P.S. Also please find copy of our
Bank Statement Showing new mailing
address

Thank You