

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K 51566

1. Corporation Name

SAM JON'S INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

1217-A S. MILITARY TR.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1217-A S. MILITARY TR.
Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33415

Country

Zip

33415

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0092517

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P/D	Sam Pedalino	15579 WHISPERING WILLOW DRIVE	WELLINGTON, FL 33414
			3000002669403--1 -10/21/98--01073--001 ***1833.75 ***1833.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

SAM PEDALINO

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

15579 WHISPERING WILLOW DRIVE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

Sam Pedalino
REGISTERED AGENT MUST SIGN

Date 10/15/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Sam J Pedalino Sam J PEDALINO 10/15/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 OCT 19 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 89-98

CR25040 (1/98)