PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANT COMPANT				FILED		
DOCUMENT # L06000044856				09 NOV -3 PM 2: 43		
1. Limited Liability Company's Name				SEGRETARY OF SMALE TALLAHASSEE, FLORIDA		
SAMS TWR LLC				THE COURT OF THE C		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				CR2E041 (10/08)		
8550 CHARRINGTON FOREST B	L∰ 8550 CHA	8550 CHARRINGTON FOREST BLY		4. State/Country of Formation FLORIDA/USA		
Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 05/01/2006		
City & State TALLAHASSEE, FL	City & State	City & State TALLAHASSEE, FL		6. FEI Number Applied For		
Zip Country	Zip	Co	puntry	7. S5.00 Additional Fee required		
32312 USA	32312		SA	CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
8. Name and Address of Current Registered Agent Name				✓ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100		
HOSSEIN SAMERI Street Address (P.O. Box Number is Not Acceptable)						
8550 CHARRINGTON FOREST BLVD Suite, Apt. #, Etc.						
City .			State Zip Code		reinstalement be waived.	
TALLAHASSEE FL 32312						
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of						
Registered Agent REGISTERED AGENT MUST SIGN					Date 11/03/2009	
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Managing Members/Ma	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM HOSSEIN SAMERI	M HOSSEIN SAMERI		8550 CHARRINGTON FOREST BLVD		TALLAHASSEE, FL. 32312	
,	,				0162455491 901004023 **277.50	
			11/03/0901004023 **277.50			
REINSTATEMENT						
2009, 2009						
11. I certify that I am managing member/pranager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 11/03/2009 Daytime Phone #						
Typed or printed name of signing Managing Member/Manager HOSSEIN SAMERI						