

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 27 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07060002412

1. Limited Liability Company's Name

SAMSUM Enterprise LLC

000177997680
04/27/10--01017--004 **\$16.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
36 S. Semoran Blvd
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 678055
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32807
Country
Orange

Zip
32867
Country
Orange

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Ahmed N. Badawi

Street Address (P.O. Box Number is Not Acceptable)
6457 Pinewood Dr

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32822

☐ 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
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/23/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u>	<u>Ahmed N. Badawi</u>	<u>6457 Pinewood Dr</u>	<u>Orlando, FL 32822</u>

REINSTATEMENT 08-10

11. E-mail Address: EBadawi@aol.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing 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

[Signature]

Date 04/23/10

Daytime Phone # 407-342-6366

Typed or printed name of signing Managing Member/Manager

N. O'Brien APR 28 2010